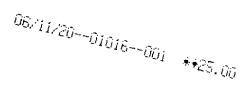
## 120 OCC 124444

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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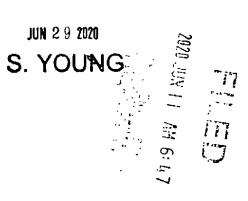
Office Use Only



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JUN 29 2020



## **COVER LETTER**

|                  | tration Sec<br>on of Corp |   |   |                     |   |
|------------------|---------------------------|---|---|---------------------|---|
| SUBJECT: _       | LACK NO                   | DBILITY MANAGEMENT &                            | ENTERPRISE LLC  |                     |   |
| SUBJECT: _       |                           | Name of Lim                                     | ited Liability Company  |                     |   |
| The enclosed A   | articles of z             | Amendment and fee(s) are sub                    | mitted for filing.  |                     |   |
| Please return al | I correspoi               | ndence concerning this matter                   | to the following:   |                     |   |
|                  |                           | JOCELY P HONORE                                 |   |                     |   |
|                  |                           |   | Name of Person  |                     |   |
|                  |                           | BLACK NOBILITY MAN                              | NAGEMENT & ENTERP   | RISE LLC            | S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| Firm/Company     |                           |   |   |                     |   |
|                  |                           | 98 NE 68TH TER                                  |   |                     |   |
|                  |                           | -   | Address   |                     | <del></del>   |
|                  |                           | MIAMI, FL 33138                                 |   |                     |   |
|                  |                           |   | City/State and Zip Code                                       |                     |   |
|                  |                           | jeanjack1804@gmail.com                          |   |                     |   |
|                  |                           | E-mail address: (                               | to be used for future annual                                  | report notification | on)   |
| For further info | rmation co                | oncerning this matter, please ca                | all:  |                     |   |
| Jocely P Hono    | re                        |   |   | 0-9069              |   |
|                  | Name of                   | Person  | at ()<br>Area Code  | Daytime Tele        | phone Number  |
|                  |                           |   |   |                     |   |
| Enclosed is a c  | heck for th               | e following amount:                             |   |                     |   |
| ■ \$25.00 Fili   | ng Fee                    | □ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc |                     | Certificate of Status & Certified Copy  |
| Mailio           | ng Address                | s:  | Street Ac   | idress:             |   |
|                  | stration S                |   | Registra  | ation Section       |   |
|                  |                           | orporations                                     |   | n of Corpora        |   |
| P.O.             | Box 632                   | /   | The Cer   | ntre of Talla.      | nassee  |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## BLACK NOBILITY MANAGEMENT & ENTERPRISE, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| ,   |  |
|---|--|
| The Articles of Organization for this Limited Liability Company were filed on 07 May 2020   | and assigned   |
| Florida document number L20000124449  |  |
| This amendment is submitted to amend the following:   |  |
| A. If amending name, enter the new name of the limited liability company here:  |  |
| The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" of  | or the abbreviation "L.L.C."                         |
| Enter new principal offices address, if applicable:   |  |
| (Principal office address MUST BE A STREET ADDRESS)   |  |
|   |  |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the agent and/or the new registered office address here:  Name of New Registered Agent:   | e name of the new registered                         |
| New Registered Office Address:  |  |
| Enter Florida street address  |  |
| Flori   | ida<br>Zip Code                                      |
| New Registered Agent's Signature, if changing Registered Agent:   | Σφ Code  |
| I hereby accept the appointment as registered agent and agree to act in this capacity. I further provisions of all statutes relative to the proper and complete performance of my duties, and accept the obligations of my position as registered agent as provided for in Chapter 605, F., being filed to merely reflect a change in the registered office address, I hereby confirm that company has been notified in writing of this change. | I am familiar with and<br>S. Or, if this document is |

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>     | <u>Address</u>  | Type of Action |
|--------------|-----------------|-----------------|----------------|
| CEO          | JOCELY P HONORE | 98 NE 68TH TER  | ■Add           |
|              |                 | MIAMI, FL 33138 | □Remove        |
|              |                 |                 | □Change        |
| CEO          | WENDY LABRANCHE | 98 NE 68TH TER  | 🗆 Add          |
|              |                 | MIAMI, FL 33138 | ■Remove        |
|              |                 | (305) 896-7305  | □ Change       |
| MGR          | WENDY LABRANCHE | 98 NE 68TH TER  | <b>≡</b> Add   |
|              |                 | MIAMI, FL 33138 | □Remove        |
|              |                 |                 | □ Change       |
|              |                 |                 | □Add           |
|              |                 |                 | □Remove        |
|              |                 |                 | □Change        |
|              |                 |                 | □Add           |
|              |                 |                 | □Remove        |
|              |                 |                 | Change         |
|              |                 |                 | □Add           |
|              |                 |                 | □Remove        |
|              |                 |                 | ☐ Change       |

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|   |   |                               |                                       |         |
|   |   |                               |                                       |         |
|   | 07 MAN 21                                     | 120                           |                                       |         |
| Effective date, if other than the<br>If an effective date is listed, the date mus | date of filing:                               | 4                             | (optional)                            | 20773   |
| <b>Note:</b> If the date inserted in this bl                                      | ock does not meet the applic                  | able statutory filing requi   | rements, this date will not be listed | l as th |
| document's effective date on the De   | partment of State's records.                  |                               |                                       |         |
|   |   |                               |                                       |         |
| ne record specifies a delayed effective<br>ord is filed.                          | e date, but not an effective ti               | me, at 12:01 a.m. on the      | earlier of: (b) The 90th day after t  | he      |
| ia is med.  |   |                               |                                       |         |
| Dated 29 MAY  | 2020  |                               |                                       |         |
|   | ·   | <del></del> `                 |                                       |         |
|   | Jocely P J<br>Signatury of a member or author | Yonore                        |                                       |         |
|   | Signature of a member or author               | orized representative of a mo | ember                                 |         |
| JOCELY PETERSON F   | IONORE  |                               |                                       |         |
| ~~~   |   | ed name of signee             |                                       |         |

Filing Fee: \$25.00