# 120000129561

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
(Document Number)
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SECONDO SEC

**JUL 2 8 2022** 

S. PRATHER



June 23, 2022

BLACKWATER FARMS AND CANINES,LLC 9060 STATE ROAD 100 W STARKE, FL 32091 US

SUBJECT: BLACKWATER FARMS AND CANINES,LLC

Ref. Number: L20000129561

We have received your document for BLACKWATER FARMS AND CANINES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Letter Number: 722A00014192

Stacy Prather Regulatory Specialist III

www.sunbiz.org

## COVER LETTER

TO:

	egistration Se livision of Cor			
BLACKWATER FARMS AND CANINIES.LLC SUBJECT: Name of Limited Liability Company				
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	irn all correspo	ndence concerning this matter	to the following:	
		JOSEPH BLACK		
	Name of Person			
BLACKWATER FARMS AND CANINIES J.L.C				
Firm/Company			<del></del>	
9060 STATE ROAD 100 WEST				
Address				
STARKE.FLORIDA.32091				
			City/State and Zip Code	<u> </u>
		JOSEPHBLACK2902@GM		
r . e	· &		to be used for future annual report notific	ration)
ror turtnet	r miormation c	oncerning this matter, please ca	<del>1</del> 11:	
JOSEPH BLACK			904 796-2448 at ()	
Name of Person			Area Code Daytime	Telephone Number
Enclosed i	s a check for th	ne following amount:		
\$25.00	) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section			<u>Street Address:</u> Registration Sect	ion
Division of Corporations			Division of Corpo	orations
P.O. Box 6327			The Centre of Tallahassee	
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## **COVER LETTER**

• • • • • • • • • • • • • • • • • • • •	ration Section n of Corporations		
SUBJECT. B	HARLEWATER FARMS	ANS CANINES !	5. C.C
SUBJECT: D	PACKWATER FARMS Name of Lin	nited Liability Company	
The enclosed Ar	rticles of Amendment and fee(s) are sub	omitted for filing.	
Please return all	correspondence concerning this matter	to the following:	
	JOSEPH W.	BIACK	
		Name of Person	
	Blackwassel P	Firm/Company	VIES
		Firm/Company	
	9060 STATE	ROAS 100 WEST	-
		Address	· · · · · · · · · · · · · · · · · · ·
	STABLE A	nd do 22001	
	<u> </u>	City/State and Zip Code	
	FOSFAMIACK 190	to be used for future annual report notif	
		-	ication)
For further infor	rmation concerning this matter, please of	call:	
JOSEPS W	1. BSBCK	at ( <u>904</u> ) <u>755 - 3</u> Area Code Daytime	998
	Name of Person	Area Code Daytime	: Telephone Number
Enclosed is a ch	eck for the following amount:		
☐ \$25.00 Filir	ng Fee S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &
	<b>97</b>	(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
			(additional copy is thelosed)
Mailing Address:		Street Address:	
Registration Section		Registration Section	
	ion of Corporations	Division of Corporations The Centre of Tallahassee	
	Box 6327 nassee, FL 32314		allanassee Street, Suite 810
i atlat	mosec, I is obout	ZTIJ IV. MIDIILOC	S DISCOUL GUILD OLD

Tallahassee, FL 32303

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLACK WATER FARMS AND CAN	UNES	110
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) Liability Company)	L 27 AM
The Articles of Organization for this Limited Liability Company Florida document number	were filed on <u>IT/13/2050</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
BIACLUATER FARAS BAS DURSEAY The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	NA	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	n/P	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the na	me of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	

#### New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

City

If Changing !	Registered Agent	. Signature of New	Registered Agent

Zip Code

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>	Address	Type of Action
<del></del>			□Add
			□Remove
			□Change
			□Remove
			Change
<del></del>			□Add
			□Remove
			□Change
			□Remove
			Change
			□Add
			□Remove
			Change
		<del> </del>	□Add
		<del> </del>	□Remove
			∏Channa.

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated 6/30/3031

Signature of a member or authorized representative of a member

Joseph W. Black

Typed or printed name of signee