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

TO: Registration 5 Division of Co						
subject:В	LACK GOLD CHART	ER LLC	-			
		mited Liability Company				
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for tiling				
Please return all corresp	ondence concerning this matte	r to the following:				
	<u>Michael No</u>	ustasio Name of Person	in a contract of			
	BLACK GOL	D CHARTER LLC				
		Firm/Company				
	400 TREVISO GRA	AND CIR UNIT 309 Noke	DM IS FL 34275			
	N	OKOMIS FLORIDA 342 City/State and Zip Code	.75			
	Mikey 260	14 @ GMAIL, COM (to be used for future annual report not)	(fication)			
For further information (concerning this matter, please c	all:				
Michael	Nastasio	ar(<u>94)_893-</u> 00	` '669			
Name c	of Person		e Telephone Number			
Enclosed is a check for t	he following amount					
□ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status		Sectified Copy (additional copy is enclosed)			
Mailing Addres Registration S		Street Address: Registration Sec	etion			
Division of C	orporations	Registration Section Division of Corporations				
P.O. Box 632 Tallahassee 1		The Centre of T				
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

-4

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLACK GOLD CHARTER LLC

(A Florida Lumited	Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number	•	•	(£)
BLACK GOLD FOSSIL CH		922	
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	hty Company," the designation "EEC" or the	c abbies ianon fina, c The state of the	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
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	ume of the new registered	Į
Name of New Registered Agent:			
New Registered Office Address:	Oner 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.

Cinv

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
			□Add
			□ □ Remove
			□Change
			□Remove
			□Change
			□Remove
			Change
			
			□Remove
		-	□Change
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<u>Note:</u> If	the date inserted	than the date the date must be sp d in this block do e on the Departi	ies not mee	t the applica	ible statutory	Tiling require	ements, this d	ing) Pursuant 100 ate will not be l	605 0207 listed as
record s d is filed		ed effective date	, but not an	effective tin	ne, at 12:01 :	i.m. on the ea	ulier of: (b)	The 90th day a	ifier the
Dated	August	16	<u>.</u>	2021	_ ·				
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		Signa	lure of a men	mer or author	rized represen	lative of a men	iber	<u> </u>	

Filing Fee: \$25.00