

L20 000 149947

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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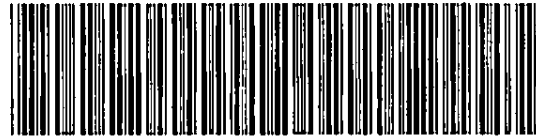
(Business Entity Name)

(Document Number)

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JAN 23 2021
S. YOUNG

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2020 DEC -8 PM 1:19

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BLACK XCELLENCE RECORDS L.L.C.

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

WICKY ST JEAN

Name of Person

Firm/Company

766 RICH DR #108

Address

DEERFIELD BEACH, FL 33441

City/State and Zip Code

blackxcellencerecord@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WICKY ST JEAN

954

213-3765

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BLACK XCELLENCE RECORDS L.L.C.

(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 06/02/2020 and assigned
Florida document number L20000149947

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" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4081 N FEDERAL HWY

SUITE 210A

POMPANO BEACH, FL 33064

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1043 RIO CT

DEERFIELD BEACH, FL 33064-2052

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

WICKY ST JEAN

New Registered Office Address:

1043 RIO CT

Enter Florida street address

DEERFIELD BEACH

Florida 33064

City

Zip Code

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.

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>	<u>Type of Action</u>
MGR	WICKY ST JEAN	1043 RIO CT	<input checked="" type="checkbox"/> Add
		DEERFIELD BEACH, FL 33064	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOHANNA LAZARE	1043 RIO CT	<input checked="" type="checkbox"/> Add
		DEERFIELD BEACH, FL 33064	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	STANLEY ST JEAN	2080 NW 1ST AVE	<input type="checkbox"/> Add
		POMPANO BEACH, FL 33060	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JIMMY ST JEAN	2080 NW 1ST AVE	<input type="checkbox"/> Add
		POMPANO BEACH, FL 33060	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PETER MOSS	4970 SW 7TH ST	<input type="checkbox"/> Add
		MARGATE, FL 33068	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

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 DECEMBER 1ST 2020

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

WICKY ST JEAN

Typed or printed name of signee

Filing Fee: \$25.00