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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT:		aires Club Investments	
		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filipe	
	ondence concerning this matter	2	
	Andrew Reynolds		
		Name of Person	
		Firm/Company	
	2513 N end St		
		Address	
	Orlando, FL 32837		
		City/State and Zip Code	· <u>····</u>
	327andrew@live.com	to be used for future annual report no	tilization)
For further information e	oncerning this matter, please of		(Treative)
Andrew I	Reynolds	407 766-7993 at ()	
Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is 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 Addres Registration S		Street Address:	
Division of C		Registration Se Division of Co	
P.O. Box 632		The Centre of	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Black billion	aires Club Investments 2' 10 Ki = 51	f 1 0. 1 E
(Name of the Limited Liab) (A Flori	aires Club Investments 27 10 63 71 10 10 10 10 10 10 10 10 10 10 10 10 10	ords.)** + O
The Articles of Organization for this Limited Liability	Company were filed on 06/29/2020	and assigned
Florida document number L20000183121		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	nited liability company here:	
Black Billionaire's Club Investments LLC		
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	IRECCI	
Timelput office unitress WOOT BE A STREET ADD	**************************************	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		·—
Ī		
B. If amending the registered agent and/or register		er the name of the new register
agent and/or the new registered office address here:	:	
Name of New Registered Agent:		
N. B. : LOW ALL		
New Registered Office Address:	Enter Florida street ada	ress
	City .	Florida Zip Code
	СijУ	гар Соае

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 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 2800 Allinois	Type of Action
MGR	Shomari Mcbride	Address $2920 \text{ A}^{11} + 21_{11} + 6.1_{12} + 9: 1_{12}5$ 245 Gallant Fox Way, Acworth GA 30102	≣ Add
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-			08/17/2020				_
Effective date,	if other than the is listed, the date must	date of filing	:	to date of filing or	more than 90 day	optional)	munet to 605 0207
Note: If the dat	e inserted in this blo	ock does not m	eet the applica	ible statutory fil	ing requirement	s, this date wil	I not be listed as
document's effe	ctive date on the De	epartment of S	tate's records.				
	s a delayed effective	e date, but not	an effective tir	me, at 12:01 a.m	i. on the earlier	of: (b) The 90	Oth day after the
record specifier rd is filed.							
rd is filed.							
e record specifierd is filed. Dated	ust 17th		2030				
rd is filed.	ust 17th		2020				