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(n	equestor's Name)	
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(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
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(B	usiness Entity Name)	
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Special Instructions to	Filing Officer:	
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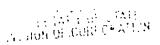
COVER LETTER

то:	Registration Section Division of Corporations		
SUBJE	DECT: Black HeartS Name of Limited Liab	United LLC	<u> </u>
The en	nclosed Articles of Amendment and fee(s) are submitted f	or filing.	
Please	e return all correspondence concerning this matter to the fe	dlowing:	
	Casey Cum	iming S ame of Person	
	RCE LAW	/ irm/Company	
	802 NE 20+1	Address	
	Ft Lauderd Casey a has Exhalt address: to be use	ale, FL 3330 state and Zip Code	94
	Casey (a Kas	en berg Cummi d for future annual report notificatio	ngs. com
For fur	orther information concerning this matter, please call:		
	Casey Cummings Name of Person	at (267) 980 Z Area Code Daytime Tele	2424 phone Number
Enclose	sed is a check for the following amount:		
X 52	Certificate of Status C	55.00 Filing Fee & Pertified Copy additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address: Registration Section	Street Address: Registration Section	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



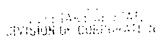
Black Hear	ts United LLC 21 AFR-8 ABILIE 29
	ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liabili Florida document number <u>L 2 0 0 0 3 6 0</u>	ity Company were filed on $11/13/2020$ and assigned 707
This amendment is submitted to amend the followin	ā:
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 A	DDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON	0
B. If amending the registered agent and/or regist agent and/or the new registered office address he	tered office address on our records, <u>enter the name of the new registered</u> re:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
-	, Florida
	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 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



Title	<u>Name</u>	ZI WELL O WILLION CO	Type of Action
AMBR	Eric Lassiter	1200 NE 7th Ave #6 Ft Lauderdale, FL 33304	_ V Add
		Ft Lauderdale, FL 33304	_ □Remove
			_ □Change
	···		_ 🗆 Add
			□Remove
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			□(Channa)

If amending any other information, enter change(s) here: (Attach additional sheets, if necessar)	สทริสัยกับที่ (4.0	i et i Are Oblicitate
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	<u> </u>	
fective date, if other than the date of filing:	g.) Pursuant to 605	,0207 (3)(b) ed as the
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) T is filed.	he 90th day afte	r the
med March 29 . 2021		
Signature of a member or authorized representative of a member		
Casey Cummings		
Typed or printed name of signee		