120000376729

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COVER LETTER

	egistration Se ivision of Cor				
SUBJECT	BLACK DIAMOND PROPERTIES, LLC				
SUBJECT	-	Name of Lim	ited Liability Company		
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please retu	rn all correspo	ndence concerning this matter	to the following:		
		ALEJANDRO LORENZO	-LUACES		
			Name of Person		
			Firm/Company		
		6001 THOMAS CIRCLE			
			Address		
		LAND O LAKES, FL 346	38		
		alecluaces@verizon.net	City/State and Zip Code		
For further	information c	E-mail address: (oncerning this matter, please or	to be used for future annual report notification)		
	ORO LORENZ	- ,	813 404-1060 at ()		
	Name o	f Person	Area Code Daytime Telephone Number		
Enclosed is	s a check for th	ne following amount:			
■ \$25.00) Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
	lailing Addres		Street Address: Registration Section		
Division of Corporations		orporations	Division of Corporations		
	.O. Box 632		The Centre of Tallahassee		
D P.	vivision of C	orporations 7	Division of Corporations		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

BLACK DIAMOND PROPERTIES, LLC		
(Name of the Limited Liab (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L20000376729	Company were filed on DECEMBER 1, 2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
BLACK DIAMOND BNB LLC		
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		1-1-7
(Principal office address MUST BE A STREET ADL	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, <u>enter the nam</u>	e of the new registere
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida street address	· · · · · · · · · · · · · · · · · · ·
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Register	red 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>	Name	Address	Type of Action
			□ Add
			□ Remove
			☐Change
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arting distance of makes and a sign of the contract of the con		
ctive date, if other than the date of filing:	or more than 90 days after filing.) Pursuant to 605.	.02
21 If the date inserted in this block does not meet the applicable statutory iment's effective date on the Department of State's records.	filing requirements, this date will not be liste	b:
ord specifies a delayed effective date, but not an effective time, at 12:01 a	.m. on the earlier of: (b) The 90th day after	r tł
filed.		
d		
7111		
X ////		

Filing Fee: \$25.00

Typed or printed name of signee