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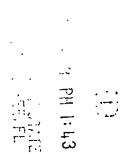
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Tallahassee, FL 32314

	egistration Sec ivision of Corp			
eun inca		International LLC		
SUBJECT);	Name of Lim	ited Liability Company	
The enclos	sed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ırn all correspor	ndence concerning this matter	to the following:	
		MEDEIROS, MICHEL		
			Name of Person	
		Miles Midein		
			Firm/Company	
		12037 ASHTON MANOR	WAY, BLD 5 106	
			Address	
		ORLANDO, FL 32828		
			City/State and Zip Code	
		MICHELSMEDE I E-mail address: (RUS @ GMAIL, COM to be used for future annual report no	lification)
For further	information co	oncerning this matter, please ca	all;	
MEDEIR	OS, MICHEL		689 212 5778	
Name of Person		Area Code Daytir	ne Telephone Number	
Enclosed i	s a check for the	e following amount:		
\$25.00) Filing Fee	S30.00 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)
	Iailing Address		Street Address:	
	egistration Solivision of Co		Registration Se Division of Co	
	O. Box 6327		The Centre of	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Blackwood International LUC		· · · · · · · · · · · · · · · · · · ·
(<u>Name of the Limited Liabi</u> (A Flori	lity Company as it now appears on our da Limited Liability Company)	<u>r recordş.</u>)
The Articles of Organization for this Limited Liability	Company were filed on 1/4/2021	and assigned
Florida document number L21000011177	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
Black Ballast International, LLC		
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or register		, enter the name of the tew register
agent and/or the new registered office address here:	•	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	rt 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 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>	Address	Type of Action
			□ Remove
			☐Change
			□Add
			□Remove
			□Change
			☐Add
			□Remove
			□Add
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ffective date, if other than the	e date of filing:		(option	nal)
an effective date is listed, the date mulote: If the date inserted in this b	lock does not meet the an	plicable statutory filir	nore than 90 days after the	ling.) Pursuant to 605.0207 late will not be listed as:
ocument's effective date on the I	Department of State's reco	ords.	,	
	ve date, but not an effecti-	ve time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
record specifies a delayed effecti-			,	
record specifies a delayed effecti- l is filed.				
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is filed. 7/8 ated	2021 Julius 2 Signature of a member or a	uthorized representative	e of a member	