L21000013044

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(Cit	y/State/Zip/Phor	ie #)				
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Certified Copies	_ Certificate	s of Status				
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Special Instructions to	Filing Officer:					





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March 5, 2021

LISA MCCLELLAN 3831 S DELARD WAY HOMOSASSA, FL 34448

SUBJECT: JAMES BLACKSTOCK LLC

Ref. Number: L21000013044

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 721A00004776

Susan Tallent Regulatory Specialist II

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of C	orporations			
SUBJECT:	James Bl	ackstock LLC			
SUBJECT: Name of Limited Liability Company					
The enclosed	l Amtiolog	S A			
		of Amendment and fee(s) are s			
Please return	all corres	oondence concerning this matte	er to the following:		
		Lisa McClellan			
			Name of Person		
		James Blackstock LLC			
Firm/Company					
		3831 S Dealrd Way			
			Address		
		Homosassa Florida 34448	3		
			City/State and Zip Code		
		mcclellan24@live.com			
			(to be used for future annual report no	tification)	
For further inf	ormation (concerning this matter, please o	rall:		
Lisa McClella	n		352 436-3743		
Name of Person		at () Area Code Daytin	ne Telephone Number		
Enclosed is a c	heck for th	ne following amount:			
■ \$25.00 Fili					
= \$23.00 FIII	ing ree	☐ \$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)	
_	g Addres	-	Street Address:		
Registration Section		Registration Section			
Division of Corporations P.O. Box 6327		Division of Corporations			
T.U. DOX 0327		,	The Centre of T	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

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 01/04/2021 ____ and assigned Florida document number L21000013044 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: James R. Blackstock Name of New Registered Agent: New Registered Office Address: 3831 S Delard Way Enter Florida street address Homosassa __, Florida 34448 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.

Cin

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
MCR_	Lisa McCellan	3831 S Delard Way	_ 🗆 Add
		3831 S Debrd Way Homosossa F1 34448	_ Remove
			_ □Change
			_ □Add
			_ □Remove
			_ 🗆 Change
			_ 🗆 Add
			_ □Remove
			_ DChange
			_ 🗆 Add
			_ □Remove
			_ Change
			_□Add
	-		□Remove
	-		. □Change
			DbA□
	-		□Remove
	-		□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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 Signature of a member or authorized representative of a member

yped or printed name of signce