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(Re	equestor's Name)	
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COVER LETTER

TO:	Registration Sec Division of Corp			
eun i	BLACK BE	ARD GROUP INVESTMENT	TS LLC	
SUBJ	ECT:	Name of Lim	ited Liability Company	
The er	nclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		DANIELE TAVELLA		
			Name of Person	
		BLACK BEARD GROUP	INVESTMENTS LLC	
		-	Firm/Company	
		901 PENNSYLVANIA AV	VE SUITE 4	
		_	Address	
		MIAMI BEACH, FL 3313	9	
			City/State and Zip Code	
		BLACKBEARDMIAMI@0		· · · · · · · · · · · · · · · · · · ·
			to be used for future annual report notif	heation)
For fu	rther information co	oncerning this matter, please co	all:	
DANI	ELE TAVELLA		786 3593209 at ()	
	Name of	Person	Area Code Daytime	e Telephone Number
Enclos	sed is a check for th	e following amount:		
æ⟨s₃	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)

TO:

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLACK BEARD GROUP INVESTMENTS LLC

(<u>Name of the Limited L</u> (A F	bility Company as it now appears on our records.) rida Limited Liability Company)
The Articles of Organization for this Limited Liabil Florida document number <u>L21000019615</u>	Company were filed on 04/07/2021 and assigned
This amendment is submitted to amend the following	
A. If amending name, enter the new name of the	mited liability company here:
The new name must be distinguishable and contain the words	imited 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.	DRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	
B. If amending the registered agent and/or regist agent and/or the new registered office address he	red office address on our records, <u>enter the name of the new register</u> e:
Name of New Registered Agent:	
New Registered Office Address:	Emer Florida street address
	, Florida
New Registered Agent's Signature, if changing Regis	

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. Thereby 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>	<u>Address</u>	Type of Action
AP	GIULIO AVERSA	901 PENNSYLVANIA AVE SUITE 4 MIAMI	BEACT IAdd
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			□Remove
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Effective date, if other than the	date of filing:		to	ntional)	
I an effective date is listed, the date mus	t be specific and cannot be	prior to date of filing	or more than 90 days a	ifter (Thing.) Pursuant to 60	5.0207 (.
Note: If the date inserted in this blo document's effective date on the De			filing requirements.	this date will not be lis	ted as th
accument a effective date of the 196	pariment of state 5 feet	Orus.			
e record specifies a delayed effective rd is filed.	e date, but not an effecti	ive time, at 12:01	a.m. on the earlier of	(b) The 90th day after	er the
d is med.					
10/19	2021	Û			
Dated 10/19					
	, ()	i, Al/			

Typed or printed name of -ignee