L21000043992

(Re	equestor's Name)	_
(Ad	ldress)	
·	•	
		
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #	(f)
PICK-UP	WAIT	MAIL
	-i G-Ait- No	
(Bu	isiness Entity Name))
(Do	cument Number)	
Certified Copies	Certificates of	of Status
	_	
· · · · · · · · · · · · · · · · · · ·		
Special Instructions to	Filing Officer:	
		1
		1
		į

Office Use Only



200373197852

09/23/21--01009--017 **25.00

2021 SEP 23 AM 7: 30

D RRUCE OCT 02 2021

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLACK HORSE FLORIDA LLC					
(Name of the Lim	ited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited l	Liability Company	were filed on 0182282021	:	and assig	gned
This amendment is submitted to amend the fol	llowing:				
A. If amending name, enter the new name	of the limited liab	ility company here:			
The new name must be distinguishable and comain me	words "Limited Liabi	my Company," the designation "i.l.C" o	or the abbrevia	tion "L.L	.c."
Enter new principal offices address, if appli	icable:	3900 CLEVELAND AVENUE			
(Principal office address MUST BE A STRE	EODT MYEDS EL 12001				
		 	· · · - · · - · - · - · - · - · - · - ·		
Enter new mailing address, if applicable:		3900 CLEVELAND AVENUE		2021 SI	
(Mailing address MAY BE A POST OFFICE	ing address MAY BE A POST OFFICE BOX)		= = = = = = = = = = = = = = = = = = = =	SEF	7
		.		2	+ E-3
B. If amending the registered agent and/or		address on our records, enter th	e name of t	<u></u> he new	registere
agent and/or the new registered office addr	ess nere:			7: 30	_
Name of New Registered Agent:	GROTH & AS	SOCIATES	<u></u>		
New Registered Office Address:	10231 METRO	PARKWAY SUITE 205			1
		Enter Florida street address			
	FORT MYERS	Flori	dn 33966		
		City	Zii	n 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 appending 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
			_ 🗆 Add
			□Remove
			Change
			_ 🗆 Add
			□Remove
		AC AC	Change 23
		AAN ASS	i ilkumouo - il
			. الجمعة السا
			□Add
			_ □Remove
			_ Change
			_ 🗆 Add
			_ □Remove
			_ 🗆 Change
			_ □Add
			_ □Remove
			_ Change

						···	
						(1)	20
					·	- 2 5	2021 S
							<u> </u>
				 .		 	23
							7: သ
							•
							
			. <u></u>		-		
Effective d	ate, if other than t	the date of filing: _	07/01/2021		(opti	ional)	
it an effective	e date inserted in this	must be specific and car s block does not mee	t the applicable	ate of filing or more statutory filing	e than 90 days afte requirements, thi	r filing.) Pursua is date will not	nt to 605.0207 t be listed as
Note: If the	effective date on the	e Department of State	e's records.				
Note: If the document's			allantic of	at 12:01 a.m. on	the earlier of: ()	o) The 90th o	lav after the
document's		ctive date, but not an	entective time,	at 12.01 a.m. On	**** ******* *** (1	,	•
document's e record spe rd is filed.	cifies a delayed effec	ctive date, but not an					
document's e record spe rd is filed.	cifies a delayed effec						
document's e record spe rd is filed.	cifies a delayed effec	Cive date, but not an DA Signature of a mem					

Filing Fee: \$25.00