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COVER LETTER

TO: Registration Se Division of Cor			·
	ACTUS HOLDINGS, LLC		•
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	societed for filing	
	endence concerning this matter	_	
		10	
	MICHAEL M. BASILIOU	Name of Person	
	BALCK CACTUS HOLD		
	DALER CACTOS HOLD	Firm/Company	·
	12094 ANDERSON ROA		
		Address	
	TAMPA, FL 33625		
		City/State and Zip Code	<u></u> .
	MICHAELB7648@AOL.C	OM to be used for future annual report noti	Keetien)
For further information c	oncerning this matter, please c		neations
MICHAEL M. BASILIO	-	813 4468081	
Name of Person		at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$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)
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ction
Registration Section Division of Corporations		Division of Corporations	
P.O. Box 632 Tallahassee, l		The Centre of T 2415 N. Monro	Tallahassee e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BALCK CACTUS HOLDINGS, LLC

(A Flo		
The Articles of Organization for this Limited Liability	y Company were filed on 03/04/2021	and assigned
florida document number L21000104531		
This amendment is submitted to amend the following	ī.	
a. If amending name, enter the new name of the l	limited liability company here:	
BLACK CACTUS HOLDINGS, LLC		
he 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 AD	DDRESS)	
Mailing address MAY BE A POST OFFICE BOX)		26/11
Muiling address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or register	ered office address on our records, <u>enter t</u>	the name of the new regist
Muiling address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or register	ered office address on our records, <u>enter t</u>	the name of the new regist
Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or register.	ered office address on our records, <u>enter t</u>	22 PH
Mailing address MAY BE A POST OFFICE BOX) . If amending the registered agent and/or registered and/or the new registered office address her Name of New Registered Agent:	ered office address on our records, <u>enter t</u>	22 711
Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered and/or the new registered office address her	ered office address on our records, <u>enter t</u>	22 111 2: 05
	ered office address on our records, <u>enter t</u> e: Enter Florida street address	22 111 2: 05

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
			□Remove
			□Change
			□Add
			□Remove
			□Change
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		**************************************	□Change
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Effective date, if other than the	date of filing:		(optional)	
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document's effective date on the D				
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