L21000 120329

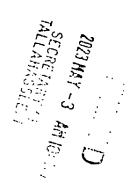
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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(850) 524-5437 (850) 524-6243 Please use funds from this account: I20210000160 \$ 25.00 Authorization Signature: L21000120329 Black Sand-1, LLC Document # **Business Name** __ Certified Copy of articles Certificate of Status **NEW FILINGS AMENDMENTS** __ Profit Corp X Amendment Statement of Fact Not For Profit INC. _ _Limited Liability ___Resignation of R.A., Officer/Director ___ Change of Registered Agent ____Revocation of Dissolution Domestication _ __Merger Other __ _Conversion **CORP** Amended and restated Articles LLLP ___ Statement of Authority **OTHER FILINGS** REGISTRATION/QUALIFICATIONS Foreign filing Annual Report Limited Partnership Fictitious Name Reinstatement Other APOSTILLE Country

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

EXAMINER'S INITIALS:

TALLAHASSEE, FL 32309

TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243 Please use funds from this account: 120210000160 \$ 25.00 1 au 4ll Authorization Signature: (L21000120329 Black Sand-1, LLC Document # **Business Name** ___ Certified Copy of articles Certificate of Status **NEW FILINGS AMENDMENTS** __ Profit Corp X Amendment ___Not For Profit Statement of Fact ___ INC. Resignation of R.A., Officer/Director __Limited Liability ___ Change of Registered Agent Revocation of Dissolution Domestication Merger Other __ Conversion **CORP** Amended and restated Articles LLLP ___Statement of Authority **OTHER FILINGS** REGISTRATION/QUALIFICATIONS ___ Foreign filing Annual Report ___Limited Partnership Reinstatement Fictitious Name ____Other APOSTILLE Country

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

EXAMINER'S INITIALS:

COVER LETTER

TO:

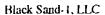
Tallahassee, FL 32314

TO: Registration So Division of Co			
Black Sand			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub.	mitted for filing	
	ondence concerning this matter	-	
	Kevin Nelson		
		Name of Person	
		Firm/Company	
	720 2nd St. NE		
		Address	
	Hickory, NC 28601		
	1 110 1	City/State and Zip Code	
	nelsonkal@yahoo.com	to be used for future annual report not	ification)
For further information of	concerning this matter, please co	•	
Kevin Nelson	<i>y</i>	607 972-9427	
Name o	of Person ·	at ()	ne Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addre</u>		Street Address:	
Registration Section Division of Corporations		Registration Se	
P.O. Box 632		Division of Co The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION TOTAL TO THE SECRETARY T



company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our recor (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on	/21	and assigned
Florida document number			
This amendment is submitted to amend the following:			
Florida document number L21000120329 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.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			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the des	ignation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address if applicable	720 2nd St NE		
(Principal office address MUST BE A STREET ADDRESS)	Hickory, NC 286	01	
			<u></u>
Fater new mailing address if applicable:			
	_		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our rec	cords, enter the name	of the new registe
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	City	, Florida	Zip Code
Name Barintanad Amento Cinnatura if shanning Desistened Amento	-		zap Code
New Registered Agent's Signature, if changing Registered Agent:	-		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete			

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

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>	<u>Address</u>	Type of Action
MGR	Christopher Paulick	2881 E. Oakland Blvd # 479	⊡ Add
		Fort LAuderdale, FL 33306	Remove
			Change
AMBR	Homer Carvan	2881 E. Oakland Blvd # 479	
		Fort LAuderdale, FL 33306	c#n
			Change
MGR	Kevin Nelson	720 2nd St NF:	= Add
		Hickory, NC 28601	□Remove
			☐ Change
			□Add
			Петюче
			Change
			□Add
			Remove
			□Change
	<u> </u>		
			□Remove
			Change

f amending any other	information, enter change(s) here: (Attach additional sheets, if necessary.)	
		
		
•		
Note: If the date inserted	than the date of filing:)207 I as
record specifies a delayed is filed.	red effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after to	the
May 2 Dated	2023	
(O)	uston James	
	Signature of a member or authorized representative of a member	
Christopher F		
	Typed or printed name of signee	

Filing Fee: \$25.00