

L21000 120329

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

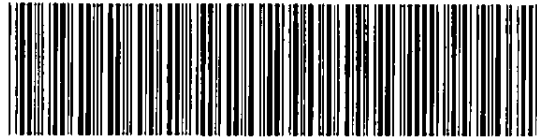
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
MAY - 4 2023

Office Use Only



700407028247

RECEIVED

2023 MAY -3 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D

2023 MAY -3 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from this account: I20210000160 **\$ 25.00**

Authorization Signature: *Jan L. L...*

Black Sand LLC L21000120329

Business Name Document #

☐ Certified Copy of articles

☐ Certificate of Status

NEW FILINGS

☐ Profit Corp
☐ Not For Profit
☐ INC.
☐ Limited Liability

☐ Domestication
☐ Other
☐ CORP
☐ LLLP

AMENDMENTS

☒ Amendment
☐ Statement of Fact

☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Revocation of Dissolution
☐ Merger
☐ Conversion
☐ Amended and restated Articles
☐ Statement of Authority

OTHER FILINGS

☐ Annual Report

☐ Fictitious Name

☐ APOSTILLE ☐
Country

REGISTRATION/QUALIFICATIONS

☐ Foreign filing
☐ Limited Partnership
☐ Reinstatement

☐ Other

EXAMINER'S INITIALS: _____

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from this account: 120210000160 **\$ 25.00**

Authorization Signature: Sam Gill

Black Sand-1, LLC 0 L21000120329

Business Name Document #

Certified Copy of articles

Certificate of Status

NEW FILINGS

Profit Corp

Not For Profit

INC.

Limited Liability

Domestication

Other

CORP

LLLP

AMENDMENTS

 X Amendment

 Statement of Fact

Resignation of R.A., Officer/Director

 Change of Registered Agent

Revocation of Dissolution

Merger

Conversion

Amended and restated Articles

Statement of Authority

OTHER FILINGS

Annual Report

Fictitious Name

____ APOSTILLE _____
Country _____

REGISTRATION/QUALIFICATIONS

Foreign filing

____ Limited Partnership

Reinstatement

Other

EXAMINER'S INITIALS:

COVER LETTER

**TO: Registration Section
Division of Corporations**

Black Sand-1, LLC

SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kevin Nelson

Name of Person

Firm/Company

720 2nd St. NE

Address

Hickory, NC 28601

City/State and Zip Code

nelsonka1@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kevin Nelson

(607) 972-9427

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ON 2023 MAY -3 AM 10
SECRETARY
TALLAHASSEE
our records)

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

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>	<u>Type of Action</u>
MGR	Christopher Paulick	2881 E. Oakland Blvd # 479	<input type="checkbox"/> Add
		Fort Lauderdale, FL 33306	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Homer Carvan	2881 E. Oakland Blvd # 479	<input type="checkbox"/> Add
		Fort Lauderdale, FL 33306	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Kevin Nelson	720 2nd St NE	<input checked="" type="checkbox"/> Add
		Hickory, NC 28601	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins or other markings on the paper.

(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)

Christian Fankhauser

Filing Fee: \$25.00