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| (Requestor's Name) |
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| (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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2022 JUL 19 KB 5: 42

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| • | | 922 .1.i. |
|---|---|-------------------------------------|
| Black Eleven LLC | | |
| (Name of the Limited Liab | ility Company as it now appears on our records.) ida Limited Liability Company) | |
| (A To | to a company | |
| The Articles of Organization for this Limited Liability | Company were filed on 5/25/2021 | and assigned |
| Florida document number L21000244050 | , | 11.00.11. 21.00.12. 21.00.12. |
| This amendment is submitted to amend the following: | | <u> </u> |
| A. If amending name, enter the new name of the li | mited liability company here: | |
| The new name must be distinguishable and contain the words "L | 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 ADI | DRESS) | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| | | |
| B. If amending the registered agent and/or register agent and/or the new registered office address here | | me of the new registered |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | Florida _ | |
| | City | Ziv 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 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> | Address | Type of Action |
|--------------|-----------------|--|----------------|
| Member | Graciela Blanco | 247 Maison Ct Altamonte Springs FL 32714 | □ ∧dđ |
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| ective date, if of | her than the | date of filin | g: | to data of filing | ve more than 90 c | _ (optional | l) a) Pursuant to (| 605 D2 |
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| | | Signature of a | member or author | orized representa | tive of a membe | er · | - 57 - | 2022 JUL 19 |
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