

L21000255464

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

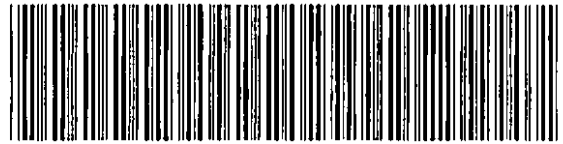
(Business Entity Name)

(Document Number)

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FILED
2023 JUL 13 AM 7:21
SECRETARY OF STATE
TALLAHASSEE, FL

AUG 13 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Black Phlorida Conglomerate, LLC
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:

Julian Christian
Name of Person

Black Phlorida Conglomerate LLC
Firm/Company

4219 Key Thatch Drive
Address

Tampa, FL 33610
City/State and Zip Code

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

For further information concerning this matter, please call:

Julian Christian at (267) 650-6616
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Black Phlorida Conglomerate, LLC

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

FILED

2023 JUL 13 AM 7:21

The Articles of Organization for this Limited Liability Company were filed on 6/1/2024 and assigned
Florida document number L210002554.64

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Notary Nehbur, LLC

The 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 ADDRESS)

4219 Key Thatch Drive
Tampa FL 33610

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1690 Palm Leaf Drive
Brandon, FL 33510

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Julian Christian

New Registered Office Address:

4219 Key Thatch Drive

Enter Florida street address

Tampa

City

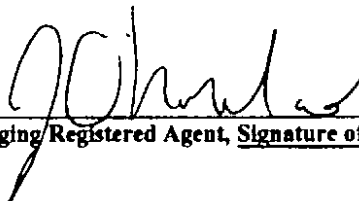
Florida

33610

Zip 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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

[illegible]

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated March 29, 2023, _____

Signature of a member or authorized representative of a member

Julian Christian

Typed or printed name of signee

Filing Fee: \$25.00