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Division of Corporations

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BLACK TORO LLC**

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

₹	PLACK TOPO LLO		,*
(Name of the Limited	BLACK TORO LLC Liability Company as it now appears on our records.) A Florida Limited Liability Company)	<u></u>	
he Articles of Organization for this Limited Lial lorida document number L21000258127		and a	ıssigned
his amendment is submitted to amend the follow	ving:		
If amending name, enter the new name of t	he limited liability company here:		
he new name must be distinguishable and contain the work	ds "Limited Liability Company," the designation "LLC" or th	e abbreviation "	L.L.C."
Principal office address MUST BE A STREET	ADDRESS)		
nter new mailing address, if applicable: Mailing uddress MAY BE A POST OFFICE BO	<u> </u>		
If amonding the registered egget and the second			
ent and/or the new registered office address i	istered office address on our records, <u>enter the mater</u>	ame of thene ≥3	<u>w regist</u>
		-	
Name of New Registered Agent:		. .	
Name of New Registered Agent: New Registered Office Address:		. :	C
	Enter Florida street address	PI 2:	<u></u>

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

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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
MGR	MATTHEW A. BEEM	2330 PONCE DE LEON BLVD	
		CORAL GABLES, FL 33134	
			□ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Remove
			Change
<u>.</u>	~		DAdd
			□Remove
			Change
			
			□Remove
			□Change

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R., 43 il	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	ctive date, if other than the date of filing: (optional) Proceeding the 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
If the record is	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the carlier of: (b) The 90th day after the filed.
Dated	1 6 5 2023
	Signature of a member or youthorized representative of a member

Typed or printed name of signee

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