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21 H5Y -1 PH 3: 14

T. MATTHEWS

COVER LETTER

TO:

Registration Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Div	ision of Corp	porations			
oun iron	BLACK MOUNTAIN HOME SOLUTIONS LLC Name of Limited Liability Company				
SUBJECT:					
The enclosed	l Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return	all correspon	ndence concerning this matter	to the following:		
		BIANCA DE LA RIVA			
			Name of Person	. 	
		BLACK MOUNTAIN HO	ME SOLUTIONS LLC		
			Firm/Company	<u> </u>	
		14420 SW 83RD Ct			
			Address		
		Palmetto Bay, FL 33158			
			City/State and Zip Code		
		delarivabl@gmail.com	to be used for future annual report not	itication)	
For further is	nformation co	oncerning this matter, please ca		incarion,	
Bianca De L	a Riva		305 298-7658		
	Name of	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a	a check for th	e following amount:			
■ \$25.00 F	Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	iling Addres gistration S		Street Address: Registration Se	ection	

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 MOUNTAIN HOME SOLUTIONS LLC

21 KGV - 1 PH 3: 14

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 8/9/21 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.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 agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

Ciny

____. Florida ___

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	
AMRR =	Authorized	Member

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<u>Title</u>	<u>Name</u>	21 MUN - 1 PM 3: 14 Address	Type of Action
AMBR	Robert De La Riva	14420 SW 83rd Ct Palmetto Bay, Fl 33158	∃ Add
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tive date, if other than the date of filing:	(optional)
fective date is listed, the date must be specific and cannot be prior to	o date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 ble statutory filing requirements, this date will not be listed as the
nent's effective date on the Department of State's records.	ore statutory fining requirements, this date will not be fisted as th
rd specifies a delayed effective date, but not an effective timiled.	ne, at 12:01 a.m. on the earlier of: (b) The 90th day after the
October 20 2021	r
(/h(),	
Signature of a member or author	rized representative of a member

Typed or printed name of signee