

L21000486899

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

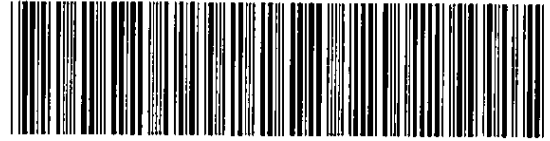
(Business Entity Name)

(Document Number)

cc: Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Additional Instructions to Filing Officer:

Office Use Only



500398000375

PAID

2022 DEC 19 AM 8:42

DEPT OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

2022 DEC 19 PM 3:45

DEPT OF STATE  
TALLAHASSEE, FLORIDA  
69

A 501117

DEC 20 2022

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

**PLEASE USE FUNDS FROM ACCT: 120210000160 AMOUNT: \$25.00**

AUTHORIZATION: *J. [Signature]*

Black Sand-2 LLC

L21000486899

**Business Name**

**Document Number, (if known):**

Walk in  Pick up time

Mail out  Will wait

Photocopy

**Certified Copy**

**Certificate of Status**

**NEW FILINGS**

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other
- CORP**
- PLLC**

**AMMENDMENTS**

- Amendment
- Resignation of R.A. Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger
- Conversion**

**OTHER FILINGS**

- Annual Report
- Fictitious Name
- APOSTIL ( ) \_\_\_\_\_  
Country

**REGISTRATION/QUALIFICATIONS**

- Foreign filing
- Limited Partnership
- Reinstatement

Other

EXAMINER'S INITIALS: \_\_\_\_\_

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Black Sand-2, 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:

Christopher Paulick  
Name of Person

Black Sand-2, LLC  
Firm/Company

701 Brickell Ave # 1550  
Address

Miami, FL 33131  
City/State and Zip Code

blacksandplant1@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher Paulick at ( 305 ) 501-1432  
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

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

**FILED**

Black Sand-2, LLC

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

2022 DEC 19 AM 8:43

SECRETARY OF STATE  
TALLAHASSEE and assigned

The Articles of Organization for this Limited Liability Company were filed on 11/15/21  
Florida document number L21000486899

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:

701 Brickell Ave # 1550

(Principal office address MUST BE A STREET ADDRESS)

Miami, FL 33131

Enter new mailing address, if applicable:

701 BRickell Ave #701

(Mailing address MAY BE A POST OFFICE BOX)

Miami, FL 33131

**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:

Christopher Paulick

New Registered Office Address:

701 Brickell Ave # 1550

*Enter Florida street address*

Miami

*City*

Florida 33131

*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

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	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	Christopher Paulick	701 Brickell Ave # 1550	<input checked="" type="checkbox"/> Add
		Miami, FL 33131	<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
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

