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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Blackwood Enterprises Transport 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:
Alberto Blackwood Name of Person
Blackwood Enterprises Transport LLC Firm/Company
19715 NW 32nd ct Migmi FL 33056
Migmi FL 330SC c City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Alberto Blackwood at (365) 733-6615 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status 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

Blackwood Fater	prises Transport LLC
(<u>Name of the Limited Liabili</u> (A Florid	ty Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability (Company were filed on November 15 2022 and assigned
Florida document number <u>L22000 488 532</u>	·
- ··-	<u> </u>
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
The new name must be distinguishable and contain the words "Lin	nited 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 ADDI	RESS)
	7- }
	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	- · · · · · · · · · · · · · · · · · · ·
	d office address on our records, enter the name of the new registere
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Finter Florida street address
	, Florida
	City 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>	Address	Type of Action
MGR	Alberto Blackwood	19715 NIW 320 ct, Miami, FL 33	OSC MAdd
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing e: If the date inserted in this block does not meet the applicable statutory ument's effective date on the Department of State's records.	
cord specifies a delayed effective date, but not an effective time, at 12:01 filed.	a.m. on the earlier of: (b) The 90th day after t
allert Black	
allets Black-l	stative of a member
Signature of a member or authorized represen	Mative of a member