L23 000 355 868

(1	Requestor's Name)	
	Address)	
(/	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	MAIT	MAJL
3)	Business Entity Name)	
	Document Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	Certificates o	of Status
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Special Instructions to F	iling Officer:	

Office Use Only

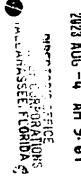


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SECRETARY OF STATE

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RECEIVED

COVER LETTER

	ision of Cor					
CHRIECT.		UN ENT LLC				
Sobster.		Name of Lim	ited Liability Company			
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.			
		ondence concerning this matter				
		Ronald T. Fowler Jr.				
			Name of Person			
		BLACK SUN ENT LLC				
			Firm/Company			
		PO Box 7554				
			Address			
Tallahassee, FL 32314						
			City/State and Zip Code			
		Ron2023Blue@gmail.com				
		E-mail address: (to be used for future annual report no	tification)		
For further in	nformation c	concerning this matter, please c	all:			
Ronald T. F	owler Jr.		850 329-0120			
Name of Person			me Telephone Number			
Enclosed is a	a check for th	he following amount:				
■ \$ 25.00 F		□ \$30.00 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		Street Address: Registration S	ection		
Div	rision of C	Corporations	Division of Co	orporations		
P.O. Box 6327		The Centre of Tallahassee				

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

iny as it now appears on our records.) Liability Company)
were filed on 7/28/2023 and assigned
ility company here:
lity Company," the designation "L.L.C." or the abbreviation "L.L.C."
FE & T
SSEF E
EFS C
근 조
address on our records, enter the name of the new registe
- ·
Enter Florida street address
, Florida
1

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 Ronald T. Fowler Jr.	Ronald T. Fowler Jr.	PO Box 7554	
		Tallahassee, FL 32314	□Remove
			■ Change
			Remove
			Change
			□Add
			□ Remove
			Change
			□Remove
			□Change
			□Add
			Remove
			Change
			□Add
			🗖 Remove
			□Change

). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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Note:	ive date, if other than the date of filing: [coptional] fective 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 nent's effective date on the Department of State's records.
f the recor	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	Signature of a member
	Ronald T. Fowler Jr.

Filing Fee: \$25.00

Typed or printed name of signee