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COVER LETTER

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eud iez		BLACK ROZE L.L.C.					
SUBJEC	-1; <u> </u>						
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.				
		ndence concerning this matter	-				
		JUSTIN STARR					
			Name of Person				
		BLACK ROZE L.L.C.					
			Firm/Company				
		9138 SMOKETREE DR.					
			Address				
		JACKSONVILLE, FL 322	244	2024 FEB 29 PM 2: 34 SECRETARY OF STATE TALLAHASSEE. FL			
			City/State and Zip Code				
		BLACKROSEENTCEO@		B 29 TARY			
		E-mail address: (to be used for future annual report notification)	PH OF SSE			
For furth	er information c	oncerning this matter, please co	all:	5:			
JUSTIN	STARR		904 271-1906 at ()	AIE 34			
	Name o	f Person	Area Code Daytime Telepho	ne Number			
Enclosed	is a check for th	ne following amount:					
≡ \$2 5.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	Mailing Addres Registration S	Section	Street Address: Registration Section				
	Division of C P.O. Box 632		Division of Corporation The Centre of Tallahas				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLACK ROZE L.L.C. (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) SEPT. 15, 2023 The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number __L23000431440 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." 9138 SMOKETREE DR. Enter new principal offices address, if applicable: JACKSONVILLE, FL 32244 (Principal office address MUST BE A STREET ADDRESS) 9138 SMOKETREE DR Enter new mailing address, if applicable: JACKSONVILLE, FL 32244 (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.

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
			□Add
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