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COVER LETTER

TO:

TO: Registration Se Division of Cor		.,	
Ark Broker	age Services LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	John Thompson Douglass		
		Name of Person	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
	Ark Brokerage Services L	LC	
		Firm/Company	
	601 S Harbour Island Blvc	Suite 109	
		Address	4-6
	Tampa, Florida 33602		
		City/State and Zip Code	
	Douglass021103@gmail.co	m to be used for future annual report not	(Carrier)
For further information c	oncerning this matter, please c		meation)
John Thompson Douglas	s	813 7773840 at ()	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	ne 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 S		Street Address: Registration Sc	ection
Division of C		Division of Co	
P.O. Box 632		The Centre of	
Tallahassee, l	FL 32314	2415 N. Monro	ne Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ark Brokerage Services LLC	
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) pility Company)
The Articles of Organization for this Limited Liability Company we	cre filed on June 11, 2024 and assigned
florida document number 1.24000259728	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	y company here:
Black Phoenix Real Estate LLC	
The new name must be distinguishable and contain the words "Limited Liability	
Enter new principal offices address, if applicable:	29 25
Principal office address MUST BE A STREET ADDRESS)	Ç.,
	Ø1
-	
Enter new mailing address, if applicable:	ά
Mailing address MAY BE A POST OFFICE BOX)	0
Muning university In The ATOST OFFICE BOX	
·	
 If amending the registered agent and/or registered office adegent and/or the new registered office address here: 	dress on our records, <u>enter the name of the new reg</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter 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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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ective date, if other than the neffective date is listed, the date muster. If the date inserted in this blocument's effective date on the D	e date of filing: (optional) ust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 block does not meet the applicable statutory filing requirements, this date will not be listed a Department of State's records.
record specifies a delayed The 90th day after the rec	d effective date, but not an effective time, at $12:01\ a.m.$ on the earlier coord is filed.
ed August 8	2024
8	UM BED
	Signatured a frember or authorized representative of a member
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00