L24000427793

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COVER LETTER

Division of Corporations BLACK CREEK ENTERPRISES, LLC SUBJECT: 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: Steven R Bover Name of Person Firm Company 42 Gap Creek Dr Address St. Johns, FL 32259 City/State and Zip Code blakeboyer29@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Steven R Boyer 315-2676 Name of Person Enclosed is a check for the following amount: ☐ \$55.00 Filing Fee & ■ \$60,00 Filing Fee. ☐ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address:

Registration Section

TO:

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 2024 OCT 30 PM 4:59

BLACK CREEK ENTERPRISES, LLC

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

The Articles of Organization for this Limited Liability Company we	ere filed on October 03, 2024	and assigned
Florida document number L24000427793.		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	y company here:	
Southern Oak Enterprises, LLC		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	······	
(Principal office address MUST BE A STREET ADDRESS)		
_		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
_		
agent and/or the new registered office address here:		
	* - * * *	
New Registered Office Address:	Enter Florida street address	
	Tice address on our records, enter the name of the new registered Enter Florida street address	
	, Flori , Flori	da Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•	•
		er agree to comply with the

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
			□Remove
			⊒Change
			□ Add
			∐Remove
			□ Change
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Effective date, if other than the date of filing: [If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pure Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	suant to 605.0207 (2 not be listed as th
ne record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90 ord is filed.	th day after the
Dated ATCB , 10/21/24.	
Signature of a member or authorized representative of a member	
organical of a memory of analystical representative of a memory	
Steven R Boyer	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

71LED 2024 OCT 30 PH 4: 59

BLACK CREEK ENTERPRISES, LLC

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(A Florida Limited Liability Company)

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Florida document number L24000427793.		and assigned
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The new name must be distinguishable and contain the words "Limited	d 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 ADDRE.	(SS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
(Mailing address MAY BE A POST OFFICE BOX)		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o		
B. If amending the registered agent and/or registered o		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:		
B. If amending the registered agent and/or registered o		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent:		
	office address on our records, enter the	

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 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
			□Remove
			Change
			🗆 Add
			□Remove
			□ Change
			□ Add
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			□Remove
			□Change

Effective date, if other than the date of filing: October 01, 2024 (optional) (If an effective 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 605.0 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	!07 (3 as th
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Dated Att B., 10/21/24.	
Signature of a member or authorized representative of a member	
Signature of a member of authorized representative of a member	
Steven R Boyer	