M13 00000 7257

(Requestor's Name) (Address)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Tallahassee Retail Venture, LLC	
Name of Foreign	gn Limited Liability Company
Dear Sir or Madam:	
The enclosed application, certificate and fee(s)) are submitted for filing.
Please return all correspondence concerning th	are submitted for filing. This matter to the following:
Amy E. McMullen	
Name of Person	
c/o Blackwater Resources, LLC	
Firm/Company	
700 Montgomery Hwy, Ste 186	
Address	
Birmingham, AL 35216	
City/State and Zip Cod	de .
leah@blackwaterresources.com	
E-mail address: (to be used for future annua	l report notification)
For further information concerning this matter	, please call:
Amy E. McMullen	at () 972-9669
Name of Person	Area Code & Daytime Telephone Number
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
Enclosed is a check for the following ■\$25 Filing Fee □ \$30 Filing Fee & Certificate of Status	amount: ☐ \$55 Filing Fee & ☐ \$60 Filing Fee, Certified Copy Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE * AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

arction	V 179 4 1 - 2	
	N I (1-4 must be completed)
1. Name of limited liability Company as it appear	rs on the records of the Flori	da Department of
State:Tallahassee Retail Venture, LLC		
Enter new principal office address, if applicable:	N/A	da Department of
(<u>Principal office address</u> MUST BE A STREET ADDRESS)	-	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
2. The Florida document number of this limited lia	ability company is: M130000	07257
3. Jurisdiction of its organization: State of Delawa	are	
4. Date authorized to do business in Florida: 11/1	5/13	
SECTION II (5-9 complete only the applicable		
5. New name of the limited liability company: (must	st contain "Limited Liability	Company, ""L.L.C.," or "LL
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or marnust contain "Limited Liability Company," "L.L.	maging members adopting th	ng business in Florida and atta te alternate name. The alternate
6. If amending the registered agent and/or register registered agent and/or the new registered office a	ed officer address on our rec ddress here:	ords, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	
		orida Street Address
		Florida Zip Code
_	Cin	7in Code

tle/ Capacity	<u>Name</u>	<u>Address</u>	Type of Actio
MBR .	John Abernathy	700 Montgomery Hwy, Ste 186	■Add
		Birmingham, AL 35216	Remo
AMRB Amy E. McMullen	700 Montgomery Hwy, Ste 186	■Add	
		Birmingham, AL 35216	Remo
MGR Alex D. Baker	700 Montgomery Hwy, Ste 186	Add	
	Birmingham, AL 35216	Remov	
		Add	
			Remov
	_	Add	
		Remov	

Filing Fee: \$25.00