

M20000010764

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

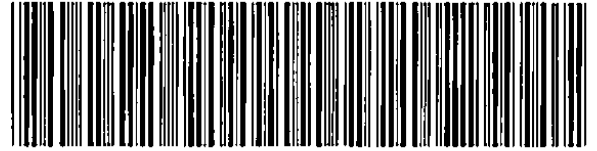
(Document Number)

Certified Copies _____

Certificates of Status _____

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PHONE: (800) 435-9371; FAX: (866) 860-8395**

DATE: 9/7/2021

NAME: BLACK OBSIDIAN LLC

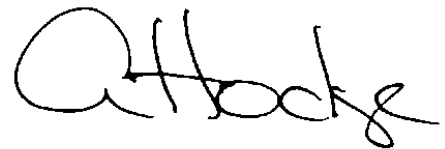
TYPE OF FILING: AMENDMENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

A handwritten signature in black ink, appearing to read "Abbie Hodge", is written over the authorization text.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BLACK OBSIDIAN LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

STEVEN HAYES

Name of Person

STEVEN L. HAYES, PA

Firm/Company

PO BOX 4929

Address

CLEARWATER, FL 33758

City/State and Zip Code

STEVE@HAYESADVISORYSERVICES.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEVEN HAYES

Name of Person

at (727) 238-5754

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 amount:

- ☐ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

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

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: BLACK OBSIDIAN LLC

Enter new principal office address, if applicable: 2600 EAST BAY, SUITE 230

LARGO, FL 33771

**(Principal office address
MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable:

PO BOX 4929

CLEARWATER, FL 33758

**(Mailing address
MAY BE A POST OFFICE BOX)**

2. The Florida document number of this limited liability company is: M20000010764

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 11/24/2020

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: STEVEN HAYES

New Registered Office Address: 2600 EAST BAY, SUITE 230

Enter Florida Street Address

LARGO

City

Florida 33771

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.

DocuSigned by:

Steve Hayes

35F4916DD270406

If Changing Registered Agent, Signature of New Registered Agent

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	EDWARD TINSLEY	718 THOMPSON LANE, SUITE 108-273	<input type="checkbox"/> Add
		NASHVILLE, TN 37204	<input checked="" type="checkbox"/> Remove
MGR	STEVEN HAYES	PO BOX 4929	<input checked="" type="checkbox"/> Add
		CLEARWATER, FL 33758	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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TALLAHASSEE, FL

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

DocuSigned by:

Steve Hayes

35F401CDD27D406

Signature of the authorized representative

STEVEN HAYES

Typed or printed name of signee

Filing Fee: \$25.00