

M21 0000 10423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

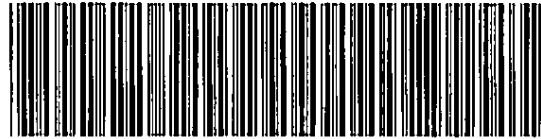
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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PAID 10-22-00 115-0000 \$25.00

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2022 FEB -9 AM 6:30

SECRETARY OF STATE
TALLAHASSEE, FL

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RECEIVED

2022 FEB -9 AM 11:35
FLORIDA DEPARTMENT OF STATE
Division of Corporations
650 SECRETARY OF STATE
TALLAHASSEE, FL

January 21, 2022

JEFF DOWNEN
33751 CANYON FALLS DR.
GREEN COVE SPRINGS, FL 32043

SUBJECT: BLACK START, LLC
Ref. Number: M21000010423

We have received your document for BLACK START, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The jurisdiction under the laws of which the entity is incorporated or organized must be included in the document.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers
Regulatory Specialist II

Letter Number: 622A00001621

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Black Start, 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:

Jeff Downen

Name of Person

Black Start, LLC

Firm/Company

3371 Canyon Falls DR

Address

Green Cove Springs, FL, 32043

City/State and Zip Code

admin@blackstart.com

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

For further information concerning this matter, please call:

Jeff Downen

at (360) 292-3119

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 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 TO FILE
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 Start, LLC

Enter new principal office address, if applicable: 3371 Canyon Falls DR

(Principal office address

MUST BE A STREET ADDRESS)

Green Cove Springs, FL 32043

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

3371 Canyon Falls DR

Green Cove Springs, FL 32043

2. The Florida document number of this limited liability company is: M21000010423

3. Jurisdiction of its organization: ~~Tallahassee, FL~~ WA

4. Date authorized to do business in Florida: 08-12-2021

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: Jeff Downen

New Registered Office Address: 3371 Canyon Falls DR

Enter Florida Street Address

Green Cove Springs

Florida 32043

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

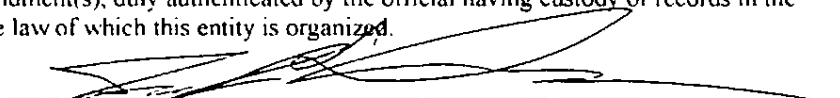
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TALLAHASSEE, FL

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<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
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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.



Signature of the authorized representative

Jeff Downen

Typed or printed name of signee

Filing Fee: \$25.00