P2200076300

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

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Black Dog New Ventures Inc.

DOCUMENT NUMBER: _____

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anthony Fuentes
Name of Contact Person
Firm/ Company
4005 W. Waterman Ave.
Address
Tampa, FL 33609
City/ State and Zip Code
aeromed2rn@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call;

Anthony Fuentes	at (813	787-1324
Name of Contact Person	Area Code	& Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

S35 Filing Fee

S43.75 Filing Fee & Certificate of Status

S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Articles of Amendment to Articles of Incorporation of

Black Dog New Ventures Inc.

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2022 NOV 30 PH 3: 13

(Name of Corporation as currently filed with the Florida Deptrof State)

P22000076300

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B.	Enter a	iew p	rincipal	office a	ddress	, if app	olicable	<u></u>
(Pr	incipal	office	address	MUST	BE A.	STREE	T ADL	DRESS)

- C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>)
- D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent	Belen Carrubba Fuentes	
	4005 W. Waterman Ave.	
	(Florida street address)	
<u>New Registered Office Address:</u>	Tampa	, Florida 33609
	(City)	(Zip Code)

<u>New Registered Agent's Signature, if changing Registered Agent:</u> *Thereby accept the appointment as registered agent. Tam familiar with and accept the obligations of the position.*

Signature of New Registered Agent, if changing

Check if applicable

□ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change. Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Exampte:

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<u>X</u> Change	<u>PT</u>	John Doe	
X Remove	V	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
<u>Type of Action</u> (Check One)	<u>Title</u>	Name	<u>Addres</u> s
I) X Change	PD	Belen Carrubha Fuentes	4005 W, Waterman Ave.
Add			Tampa, FL 33609
Remove			·
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			······································
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)

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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

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canical a checure date of the pe	block does not meet the applicable statutory filing requirements, this date will not be listed as th epartment of State's records.
loption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareholder action and shareholder
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes east for the amendment(s) afficient for approval.
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval
bv	
	(voting group)
November Dated Signature	02.2022

The date of each amendment(s) adoption: ______, if other than the

appointed fiduciary by that fiduciary)

. . . .

date this document was signed.

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Anthony Fuentes

(Typed or printed name of person signing)

Incorporator

(Title of person signing)