

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L22000017305

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To:

Division of Corporations
 Fax Number : (850) 617-6383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
 Account Number : 075350000353
 Phone : (800) 221-2972
 Fax Number : (917) 243-5843

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FRED BLACK LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2022 FEB 15 PM 4:45

2022 FEB 15 PM 3:38
 RECEIVED
 DIVISION OF CORPORATIONS
 FLORIDA DEPARTMENT OF STATE

APPROVED
 AND
 FILED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fred Black 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 were filed on 01/14/22 and assigned
Florida document number L22000017305.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office 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:

New Registered Office Address:

Enter Florida street address

Florida

City

APPROVED
AND
FILED
2022 FEB 15 PM 3:38
CLERK OF THE
COURT
JUDICIAL CIRCUIT IN
FLORIDA

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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Amanda Mullen	1211 Avenue of the Americas 40th FL	<input type="checkbox"/> Add
		New York, NY 10036	<input checked="" type="checkbox"/> Remove
AMBR	MVRE, LLC	c/o Stein Harris 1211 Avenue	<input checked="" type="checkbox"/> Add
		of the Americas, 40th Fl	<input type="checkbox"/> Remove
		New York, NY 10036	
			<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

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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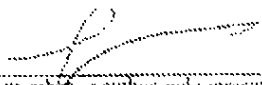
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E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
the date this document is filed by the Florida Department of State)

Dated February 15, 2022


.....
Signature of a member or authorized representative of a member

Lance G. Harris, authorized representative

.....
Typed or printed name of signer