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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : BLACKLEDGER ENTITY MANAGEMENT LLC

Account Number : I20150000089 : (305)444-8800 Phone Fax Number : (305)444-4010

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

Email Address:_

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TO ARTICLES OF ORGANIZATION OF

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| Ol | | ng Alliance LLC | | | | |
|--|--|-----------------------|---------------------|---------------|-------------|-------------|
| (Name of the Lin | nited Liability Comp (A Florida Limited | Liability Company) | rs on our records.) | | | |
| The Articles of Organization for this Limited Florida document number L14000075231 | Liability Compan | y were filed on M | ay 8, 2014 | | and ass | igned |
| This amendment is submitted to amend the fo | ollowing: | | | ٠, | | |
| A. If amending name, enter the new name | of the limited lia | blilty company h | ere: | | | |
| The new name must be distinguishable and contain the | e words "Limited Liab | ility Company," the o | lesignation "LLC" o | or the abbrev | iation "L.l | L.C." |
| Enter new principal offices address, if appl (Principal office address MUST BE A STRE | licație: | | | | | |
| | 1 | | | | جہ | |
| Enter new mailing address, if applicable: | | | | | JIB SEP | |
| (Mailing address MAY BE A POST OFFIC | E BOX) | | | ξ, . | | |
| B. If amending the registered agent an registered agent and/or the new registered | | | our records, | enter the | name | of the new |
| | • • | | | | | |
| Name of New Registered Agent: | | | | | | |
| New Registered Office Address: | | Enter Flo | rida street address | | <u>"</u> | |
| • | | | , Flor | ida | | |
| | , s _{1.} | City | 1 1101 | | 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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| IGR= M .MBR= A | anager uthorized Member | | |
|-------------------|--|-------------------------|----------------|
| itle | <u>Name</u> | Address | Type of Action |
| 1GR | Theresa A Santiago | 1013 Park Centre Blvd | |
| · | | Miami Gardens, FL 33169 | |
| | 2 (20) | * | ■ Remove |
| 1GR | Juan J Malo | 1013 Park Centre Blvd | □ Change |
| | | | ■ Add |
| | | Miami Gardens, FL 33169 | □ Remove |
| | and the state of t | | Change |
| · . | | | D Add |
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| **** | | | |
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| H&C 10:23:20 a.m. D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) | . 09-14-2016 | 4 /4 |
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| | | |
| Effective date, if other than the date of filing: (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursual Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records. | nt to 605,0207 (3)(b) t be listed as the | |
| f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the b) The 90th day after the record is filed. | earlier of: | |
| Dated September 14 , 2016 | SEP 1 | · · · |
| Signature of a member of authorized representative of a member | L A | , y , 4 |
| Juan J Malo Typed or printed name of signee | | - Lander |

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