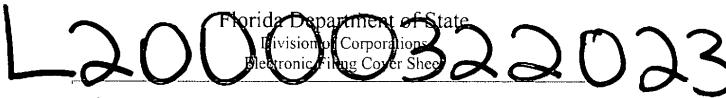
7/19/2021

Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : BLACKLEDGER ENTITY MANAGEMENT LLC

Account Number : I20150000089 Phone : (305)444-8800 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.

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Corporate Filing Menu

Help

ARTICLES OF AMENDMENT **ARTICLES OF ORGANIZATION** OF

To:

(Name of the Lim	ted Lighility Compa (A Florida Limited L	ny as it now apner liability Company)	ers on our records.)		
The Articles of Organization for this Limited I Florida document number L20000322023	and assig	and assigned			
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited liab	lity company h	iere:		
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the	designation "LLC" o	or the abbreviation "L.L	.C.*
Enter new principal offices address, if appli	cable:	2330 Ponce de	Leon Blvd.,		
Principal office address MUST BE A STRE	•	Coral Gables, I		,	
				565 2021	
Enter new mailing address, if applicable:	: ,	2330 Ponce de	Leon Blvd.,	28.27.18 88.27.18 1 7nr 1	7
Mailing address MAY BE A POST OFFICE	· Coral Gables, I	FL 33134	No.	ŧ	
				50 F	117
B. If amending the registered agent and/or agent and/or the new registered office address.		ddress on our	records, <u>enter th</u>	e name of the new	reciste
				•	
Name of New Registered Agent:	Worlwide Corp	·			
New Registered Office Address:	2330 Ponce de l		,. ·	· • · · · · · · · · · · · · · · · · · ·	·
		Enter Flo	orida street address		
	Coral Gables		, Flori	ida <u>33134</u>	·
		Ciry		Zip Code	

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.

From: Giovanna Brandonisio, Fax: 13058098006 To: Fax: (850) 617-6383 Page: 4 of 5 Official Accordance of removed from our records: Or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
Owner	Villatiazo Baz, Jose Monuel	2330 PONCE DE LEON BLVD	
		CORAL GABLES, FL 33134	□Remove
			■Change
MGRM	Villalvazo Pelacz, Jose Manuel	2330 PONCE DE LEON BLVD	□Add
	,	CORAL GABLES, FL 33134	□Remove
			■Change
MGRM	Villalvaro, Pelacz, Lorena Guachlare	2330 PONCE DE LEON BLVD	□Add
		CORAL GABLES, FL 33134	□Remove
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