## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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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. \*\*

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

## URIBITOS INVESTMENTS LLC Certificate of Status 0 Certified Copy Page Count 01

Estimated Charge \$25.00

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Electronic Filing Menu

Corporate Filing Menu

Help

11-13-15;09:14AM; (H150002655755)

## AKTICLES OF AMENUMENT TO ARTICLES OF ORGANIZATION

ARTICLES	OF ORGANIZA	TION	17.4	20 25
	OF		23 C3	
			表面	NO
URIBITOS	INVESTMENTS LLÇ		(X) (X)	- Indiana
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as It now appea	rs on our record	<u>ವ್ಯಾ</u>	— <del>L.J.</del>
(A Florida	Limited Liability Company)		, tt.	
The Articles of Organization for this Limited Liability C	omnany were filed on	12/15/2014	STA	and assigned
Florida document number L14000190751	ompany were mee on		<u>87</u>	8
Florida document number	<del>_</del> ·		<b>&gt;</b>	0
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company h	ere:		
		•		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the	designation "LLC	or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:				
,				
(Principal office address MUST BE A STREET ADDI	(ESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				· · · · · · · · · · · · · · · · · · ·
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D 70	A 3 - 60 A 3.3.			AT Caller
B. If amending the registered agent and/or registered agent and/or the new registered office add		n our recora	s, enter	the name of the ne
ognicia again and on the state of the state	- 433 1141 41			
Name of New Registered Agent:		<del> </del>		
New Registered Office Address:				
	Enter Flo	orida street addre:	22	
		Fi	orida	
<del>*************************************</del>	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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(H150002653733)

11-13-15:09:14AM; # 3/ 4
At amending records; # 3/ 4
or removed from our records;

MGR = Manager AMBR = Authorized Member

Title	Name	Address		2915	Type of Action
MGR	STELLA CHAVEZ	186 SE 12 TERRACE # 1201	CRETA	NON	
	,	MIAMI, FL 33131	SEE. F	13 A	Add
			STATE	9 9	Change
MGR MARIA	Maria monica isabel riaño san-	186 SE 12 TERRACE #1201			Add
		MIAMI, FL 33131			Remove
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