#10900062727

| (Re | questor's Name) | | | |
|---|--|-------------|--|--|
| | | | | |
| (Address) | | | | |
| | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| (5 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | , | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| | | | | |
| (Bu | siness Entity Nar | ne) | | |
| (Document Number) | | | | |
| (De | cument Number) | | | |
| Certified Copies | _ Certificates | s of Status | | |
| | | | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | : | | |
| | | | | |





900239615699

09/17/12--01011--017 **25.00

SEP 17 PH 2: 47

K.SALY EXAMINER SEP 18 2012

COVER LETTER

| TO: Registration Sect Division of Corpe | orations | | |
|---|---|---|---|
| - | Black | Ledger LLC | |
| SUBJECT: | Name of Limi | ted Liability Company | |
| The enclosed Articles of A | mendment and fee(s) are sul | amitted for filing | |
| | dence concerning this matter | _ | |
| | | Cynthia Perez | |
| | | Name of Person | |
| | Worldwide | Corporate Administrators L | LC |
| | | Firm/Company | |
| | 2330 Pc | once de Leon Blvd Ste 201 | |
| | | Address | |
| | Co | oral Gables, FL 33134 | |
| | | City/State and Zip Code | |
| | E-mail address: (| rez@entitybank.com to be used for future annual report notifica | tion) |
| For further information cor | ncerning this matter, please o | call: | |
| Cynth Name of F | | at (305) Area Code & Daytime T | 4448810 |
| | | | |
| Enclosed is a check for the | _ | | |
| \$25.00 Filing Fee | S30.00 Filing Fee & Certificate of Status | Certified Copy (additional copy is enclosed) | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed |
| | | | |

· MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF Black Ledger LLC

FILED*

12 SEP 17 PM 2: 47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) 06/26/2009 The Articles of Organization for this Liability Company were filed on Florida document number 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 "L.L.C." Enter new principal offices address, if applicable: | |
|---|---------------------------|
| 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 "L.L.C." | |
| 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 "L.L.C." | |
| The new name must be distinguishable and end with the words "Limited Liability Company," the designation "L.L.C." | 'LLC" or the abbreviation |
| The new name must be distinguishable and end with the words "Limited Liability Company," the designation "L.L.C." | LLC" or the abbreviation |
| L.L.C." | 'LLC" or the abbreviation |
| 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) | |
| 3. If amending the registered agent and/or registered office address on our records, enter registered agent and/or the new registered office address here: Name of New Registered Agent: | |
| New Registered Office Address: | |
| Enter Florida street ad | ldress |
| , Florida | |
| 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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Type of Action** <u>Address</u> <u>Title</u> <u>Name</u> Megan Campos MGRM 2320 Ponce de Leon Blvd ✓ Add Coral Gables, FL 33134 Remove ☐ Add Remove ☐ Add ☐ Remove Add Remove ∏Add Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2012 September 12 Dated Signature of a member or authorized representative of a member Megan Campos Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00