Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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: (850)617-6383

From:

Account Name

: BLACKLEDGER ENTITY MANAGEMENT LLC

Account Number : 120150000089

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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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CARBONELL 1107, LLC

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AUG 27 2021

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Corporate Filing Menu

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

To:

CARBONELL 1107, LLC

	(A Florida Limited Liability		
The Articles of Organization for this Limited Li	ability Company were f	iled on 03/12/2012	and assigned
Florida document number L12000034568	<del></del> -		<b>2021</b>
This amendment is submitted to amend the following	owing:		2021 AUG 26
A. If amending name, enter the new name of	f the limited liability co	ompany here:	26
The new name must be distinguishable and contain the v	words "Limited Liability Con	npany," the designation "LLC	or the abbreviation L.L.
			<u> </u>
Enter new principal offices address, if applic			
(Principal office address MUST BE A STREE	<u> TADDRESS)</u>		
Enter new mailing address, if applicable:			!
(Mailing address MAY BE A POST OFFICE	<u> </u>		
		<del></del>	
B. If amending the registered agent and/or	registered office addre	ss on our records, <u>enter</u>	the name of the new registered
agent and/or the new registered office addre	ss here:		:
Name of New Registered Agent:	Worlwide Corporate	Administrators LLC	
New Registered Office Address:	2330 Ponce de Leon	Blvd.,	
New Registered Office Address.		Enter Florida street addre	11
	Coral Gables	, F	lorida <u>33134</u>
		20.	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.

aging Registered Agent, Signature of New Registered Agent

To:

Page: 4 of 5

MGR = Manager  MBR = Authorized Member						
<u> c</u>	Name	Address	Type of Actio			
			Пксточе			
			Change			
			. □Add			
			: □ □ Remove			
			□Clunge			
			□Add			
		CRemove				
			☐ Clunge			
			· □ Add			
			Remove			
			Change			
		CRemove				
			Change			
		-	Remove			

Fax: (850) 617-6383

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08/25/2021 6:09 PM

From: Angelica Mohamåd 🍧 Fax: 13052638155

To: