Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000280213 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (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.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MP & SILVA, LLC

Certificate of Status 0 Certified Copy Page Count 01 Estimated Charge \$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

K. SALY NOV 15 2016 11/14/2016

10:20:19 a.m. 11-14-2016

(H1600028021

ARTICLES OF AMENDMENT TO

AND LAND TO STATE OF ARTICLES OF ORGANIZATION **OF** MP & SILVA LLC (Name of the Limited Linbility Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on March 21,2012 and assigned

Florida document number L12000039653	
This amendment is submitted to amend the following:	•
A. If amending name, enter the new name of the limited liability con	ipany here:
The new name must be distinguishable and contain the words "Limited Liability Comp	any," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
- 1£	•
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered office ad- registered agent and/or the new registered office address here:	dress on our records, enter the name of the no
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address

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.

Cltv

If Changing Registered Agent, Signature of New Registered Agent

Florida

Page 1 of 3

(HI6000 2BO ZI 3

305

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	FRANK PETER UDDO	1001 BRICKELL BAY DRIVE	
٠.	The second secon	SUITE 2310	☐ Remove
· .		MIAMI, FL 33131	Change
PARTNER	CARLO POZZALI	1001 BRICKELL BAY DRIVE	
		SUITE 2310	☐ Remove
		MIAMI, FL 33131	
			Add
	. •	-:,	☐ Remove
			Change
			THE PERSON TO TH
			Sarkemaye M
<u></u>		:	Change No. 3
			□ Remove
,			Change
			
			☐ Remove
			Change

	·					——————————————————————————————————————	-		~
				 			 	<u></u>	-
			 	:	· · · · · · · · · · · · · · · · · · ·	······································	 		-
			<u></u>	<u></u>	<u> </u>			· · ·	-
		 -		·		_ 			
			. <u>. </u>						2016 MON 1.1.
								50	香
			·					到	1
								SE	,
							····		A 12: 3
									ون کو
				 					3 C.
	<u>.</u>		 			·		<u></u>	_
									
			,						
~~~				-					_
	-					<del> </del>			<del>-</del>
7	<del></del>	·					<del>-</del>		_
ectiva	date if offi	er than the	date of fili	no•			(ontional)		
ciTecti	ve date is lister	d. the date mu	st be medific t	nd cannot be pri	ior to date of filing licable statutory	or more than 90 o	days after filing.)	Pursuant to 6	05,0207 (3)(b)
ument	is effective d	ate on the D	lock does not lepartment of	State's record	ds.	umg requirem	ents, inis date s	vill hat be in	sten na mir
recori he 90	d specifies Ith day aft	a delayed er the rec	d effectivë ord is filed	date, but r i.	not an effecti	ve time, at 1	l2:01 a,m. c	on the ear	iler of:
	111011								
ed	111.			<u> </u>	<del>}_</del> ;				
	. A	ىرىسىــــــــــــــــــــــــــــــــــ	$\sim$	, \	) /(T				
		<del></del>	Signature of	d member of Ru	Morized represent	ative of a membe	ir		
		٠,		FRANKI	PETER UDDO		,		
		<del>-;-,-;</del> -	<del></del>		nted name of sign	ce			