

## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617~6383

Erom:

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. \* 🛨

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SANTIROMA INVESTMENTS LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	MA INVESTMENTS LLC	
(Name of the Limited Liability (A Florida I	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liebility Co Florida document number L12000125816	mpany were filed on October 2, 2012	and assigned
This amendment is submitted to amend the following:	· ·	
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del>.</del>
(Principal office address MUST BE A STREET ADDRI	ESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
	7	7 60
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	ered office address on our records, <u>e</u> ess here:	nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	nter Florkla street address	55
	mer Floruia street address	<b>1</b> 0 € <b>9</b>
	, Floric	
	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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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

Jan En

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address :	Type of Action
MGR	Roman Eduardo Gil Yanez	11551 NW 68th Terrace	
		Doral, FL 33178	■ Remove
			bbA
			Remove
			Change
		<u>u</u>	D Add
			Remove
	<u> </u>	Change	
		C•	
			Change
			Add
		<u>-</u>	D Remove
			Change
			Add
			Remove
		<u></u>	Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	)		
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	m.,	A ST	7
		至	7**
E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)  Note: If the date inserted in this block does not meet the applicable statutory illing requirements, this date we document's effective date on the Department of State's records.	Purduant to vill not be	605.020	7 (3)(b) s the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. o (b) The 90th day after the record is filed.	n the e	arlier o	of:
Dated April 11th			
Signature of a member of authorized representative of a member	<del></del>	-	
Andreina Gonzalez Rivero	<del></del>	_	
Typed or printed name of signee			

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