**Division of Corporations** Electronic Filing Cover Sheet

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To:

Division of Corporations

; (850)617-6383 Fax Number

From:

Account Name : BLACKLEDGER ENTITY MANAGEMENT

Account Number : 120150000089 : (305)444-8800

: (305)444-4010 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address: CAYON @ HCOADVISORS, COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BLACKLEDGER ENTITY MANAGEMENT LLC

Certificate of Status	0
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Corporate Filing Menu

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K. SALY

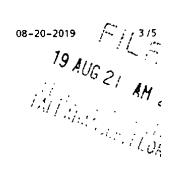
## **COVER LETTER**

	ation Sect n of Corpu				
	ackledger I	Entity Management LLC			
SUBJECT:		Name of Limite	ed Liability Company		
		mendment and fee(s) are submitted			
		Janice Hernandez			
			Name of Person		<del></del>
		Blackledger Entity Manager	ment LLC		
		<del></del>	Firm/Company		
		2330 Ponce De Leon Blvd			
			Address	<u></u>	
		Coral Gables, Fl. 33134			
			City/State and Zip Code		
		Cayon@hcoadvisors.com			
		E-mail address: (to	be used for future annual	героп поиневы	on)
For further infor	rmation co	ncerning this matter, please ca	II:		
Janice Hernand	ez		305 44	4-8800	
	Name of	Person	Area Code	Daytime Tel	ephone Number
Enclosed is a ch	eck for the	following amount:			
\$25.00 Filin	ig Fcc	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is en	•	☐ \$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



Blackledger Entity Management LLC
(Name of the Limited Liability 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 03/18/2014 and assigned
Florida document number L14000046091
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
H&CO Entity Management LLC
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
1 Thicipal Office data too in the control of the co
Enter new malling address, if applicable:
Enter new mining and easy of the
(Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new
registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:  Enter Florida street address
Florida
City Florida 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
annulaions of all statutes relative to the proper and complete performance of my duties, and I am juminus with and
grount the obligations of my position as registered agent as provided for in Unapter 600, 1.3. Or, y 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

4 / 5

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	HERNANDEZ, ARMANDO	2330 PONCE DE LEON BLVD	<b>=</b> Add
		CORAL GABLES, FL 33134	🖸 Remove
			☐ Change
MGR	ANDRADE, GUILLERMO	2330 PONCE DE LEON BLVD	<b>=</b> Add
		CORAL GABLES, FL 33134	. Remove
			Change
	·		Add 16
•			□ Remove
			二 Change
			□ Remove
			Change
			🗖 Add
			Remove
			Change
			Add
			☐ Remove
			☐ Change

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<del></del> .	
(If m effecti Note: If: document	date, if other than the date of filing:
he recor The 90	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated	AUGUST 20 , 2019 .
	Signature of a member or authorized representative of a member
	LANGE HERNIANDE
	LAMICE HERNANDEZ

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Filing Fee: \$25.00