

11/22/2019

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H19000342671 3)))



H190003426713ABC0

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 : I20150000089
Phone : (305)444-8800
Fax Number : (305)444-4010

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

Email Address: _____

2019 JAN 13 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

2020 JAN 13 PM 4:08

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PEGASUS INTERNATIONAL USA LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

O SIMMONS
JAN 14 2020

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

PEGASUS INTERNATIONAL USA 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 10/21/2014 and assigned
Florida document number L14000164488

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

21200 POINT PLACE
APT# 2404 - ATLANTIC 1 BLDG
AVENTURA - FL. 33180

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

21200 POINT PLACE
APT# 2404 - ATLANTIC 1 BLDG
AVENTURA - FL. 33180

FILED
2019 JAN 13 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FL

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

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 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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Steven Willy Consolo Sudre	21200 POINT PLACE	<input type="checkbox"/> Add
		APT# 2404 - ATLANTIC 1 BLDG	<input type="checkbox"/> Remove
		AVENTURA - FL. 33180	<input checked="" type="checkbox"/> Change
MGR	Nielzer de Oliveira Sudre	21200 POINT PLACE	<input type="checkbox"/> Add
		APT# 2404 - ATLANTIC 1 BLDG	<input type="checkbox"/> Remove
		AVENTURA - FL. 33180	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2018 JAN 13 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FL

Page 2 of 3

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2019 JAN 13 AM 10:38
SECRETARY OF STATE
TALLAHASSEE FL

7
7
7
7
7

Effective date, if other than the date of filing: _____ (optional)
Effective date must be prior to date of filing or more than 90 days after filing.

Effective date, if other than the date of filing: _____ (optional)
(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.) Pursuant to 605.0207 (3)(b) if an effective date is listed in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date.

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

3) The 90th day after the record is filed.

Dated November 22

2019

Signature of a member or authorized representative of a member

Nielzer de Oliveira Sudre

Typed or printed name of signer