

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: BLACKLEDGER ENTITY MANAGEMENT LLC

Account Number : I20150000089

Phone Fax Number : (305)444-8800 : (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.

Emai.l	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **GABEA LLC**

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Electronic Filing Menu

Corporate Filing Men

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

· · ·	GABEA LLC		
(Name of the Limited Line (A Fior	olliry Company as it now appears ida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Florida document number	Company were filed on	23/2015	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited linbility company he	<u>re</u> :	
The new name must be distinguishable and contain the words "L	imited Liability Company," the de	signation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	DRESS)		
		· · · · · · · · · · · · · · · · · · ·	
Enter now mailing address, if applicable:	·		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regregistered agent and/or the new registered office action and a Name of New Registered Agent:			
New Registered Office Address:	Finter Flori	ida street address	· · · · · · · · · · · · · · · · · · ·
	2.110, 3 (0.11		
	City	, Florida _	Zip Code
New Registered Agent's Signature, if changing Registe	red Agent:		
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	l complete performance of a agent as provided for in C ered office address, I hereb	my duties, and I am hapter 605, F.S. O y confirm that the ASSET	familiar with and If this document is limited liability P
	Page 1 of 3	RIDA	U
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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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address		Type of Action
MGR	Gabsoph Group Ltd	14401 Black Quill Drive		🖸 Add
		Winter Gardens, FL 34787	 -	□ Remove
				Change
MGR	Beatriz Josefina Cabello De Gharins	14401 Black Quill Drive		Add
		Winter Gardens , FL 34787		Remove
				Change
MGR	Gabriel Yssa Gharibe Nisan	14401 Black Quill Drive		🖫 Add
	,	Winter Gardens, FL 34787		🖸 Remove
				Change
			<u> </u>	D Add
			<u></u>	Remove
				Change
			2015 SEP 21 FOR ELAR	Add
			OF STATE	Change
		-	JE 35	D Add
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fan effect Note: If	ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days afte the date inserted in this block does not meet the applicable statutory filing requirements, the	er filing.) Pu is date will	rsuant to 605.0 I not be listed	207 (3)(b
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Filing Fee: \$25.00

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