6/2/2020

Division of Corporations



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To:

Division of Corporations

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; (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 future annual report mailings. Enter only one email address please. **!

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JUN 0 3 2020

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION JUli -2 All 11:30

Gabea LLC		
(Name of the Limited L (A F	Jability Company as it now appears on our records.) Jorida Limited Liability Company)	Ţ.
The Articles of Organization for this Limited Liabil	and assigned	
Florida document number L15000019920	·	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	c limited liability company here;	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the al	objeviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
Enter new malling address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u>X)</u>	
B. If amending the registered agent and/or regis	stered office address on our records, <u>enter the nan</u> ere:	ne of the new registered
Name of New Registered Agent:		- -
New Registered Office Address:	Enter Florida street address	
	, Florida	<u></u>
_	Ciņ	Zip Code
New Registered Agent's Signature, if changing Regi	istered Agent:	İ
provisions of all statutes relative to the proper accept the obligations of my position as register	gent and agree to act in this cupacity. I further ag and complete performance of my duties, and I am red agent as provided for in Chapter 605, F.S. Or istered office address, I hereby confirm that the li ange.	familiar with and , if this document is

To:

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		2020 JUN -2 AM 11: 30	
Title	<u>Name</u>	Address	Type of Action
MGR	CABELLO BEATRIZ JOSEFINA	14401 BLACK QUILL DRIVE	□Add
		WINTER GARDENS, FL 34787	
			Change
MGR	GHARIBE NISAN, GABRIEL	14401 BLACK QUILL DRIVE	
		WINTER GARDENS, FL 34787	Remove
MGR	Jose G Gharibe Cabello	14401 BLACK QUILL DRIVE	Add
		WINTER GARDENS, FL 34787	. □Remove
			Change
MGR	George G Gharibe Cabello	14401 BLACK QUILL DRIVE	Add
		WINTER GARDENS, FL 34787	□Remove
			Change
			DAdd
			Remove
			l □Change
	<u> </u>		□Add
			□ Remove
			Change

To:

•	2020 JUH - 2 AHH : 30
D. If amending any other inform	mation, enter change(s) here: (Attach additional sheets, if necessary.)
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	<u> </u>
E. Effective date, if other than	U. VIAVUU (I INSURING) Pursuant be evice to date of filling or more than 90 days after filling) Pursuant to evid to 40 to 4
Note: If the date inserted in thi	is block does not meet the applicable statutory titing requirements, this date with not be tisled by the
document's effective date on in	e Department of State's records.
If the record specifies a delayed efferecord is filed.	ective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Mny 70	2020
Dated May 29	··
0	
	Signature of a member or authorized representative of a member
Gabriel Gharibe Cal	hello
	Typed or printed name of signee