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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BLACKLEDGER ENTITY MANAGEMENT LLC

Account Number : I20150000089 : (305)444-8800 Phone 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 LLORENTE & CUENCA MIAMI LLC

Certificate of Status	0
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

To:

LLORENTE & CUENCA MIAMI LLC		
(Name of the Limited Liability Co (A Florida Limit	mpany as it now appears on our re- ted Liability Company)	<u>cords.</u>)
The Articles of Organization for this Limited Liability Compa	any were filed on 04/13/2015	and assigned
Florida document number £15000064189		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability 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	2	
		20 /
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		·
		i in ind
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, <u>e</u>	nter the name of the new regi
Name of New Registered Agent:		
New Registered Office Address:	<u> </u>	· · · · · · · · · · · · · · · · · · ·
	Enter Florida street a	ddress
·		_, Florida
	Ciņ:	Zip Coxie
New Registered Agent's Signature, if changing Registered Ag	ent:	
I I I the appointment as registered agent and	garge to act in this capacity.	I further agree to comply wi

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

To:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Erich de la Fuente	600 BRICKELL AVENUE SUITE 2020	
		MIAMI, FL 33131	■Remove
			□Change
MGR	Carlos Andres Correcha-Price	600 BRICKELL AVENUE SUITE 2020	= Add
		MIAMI, FL 33131	□Remove
			□Change
			□ Add
			□ Remove
			□Change
			□Add
			□Remove
			□Remove
			□Change
			□Add
			□Remove
			Change

To:

Fax: (850) 617-6383

						
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ffective date , an effective date	if other than the c	late of filing: be specific and cannot	be prior to date o	f filing or more than	(Optionar) 90 days after filing.) I	ursuant to 605.0207
iote: If the da	te inserted in this blo	ck does not meet th	e applicable stat	utory filing requir	ements, this date w	ill not be listed as
ocument's elle	ective date on the De	partment of State 8	records.			
, .,.	1 - 1 - 10	data hut not an off	antina tima at 1	2·01 am an the e	arlier of: (b) The	90th day after the
record specific Lis filed.	es a delayed effective	date, but not an en-	ective time, at i	2.01 a.m. on the c	arrier or. (b)	,
August '	11	202	0 .	1111		
Janea				1111/		
				CUVITUR		

Typed or printed name of signee