

7/23/2018

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

4150007558

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(((H18000211651 3)))



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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
JANOTTO & COMPANY LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
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18 JUL 26 AM 8:31
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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JANOTTO & COMPANY 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 06/18/2015 and assigned
Florida document number L15000097558.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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

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

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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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Judkarla Janotto da Fonseca	1717 N BAYSHORE DRIVE	<input checked="" type="checkbox"/> Add
		A-APT.1856	<input type="checkbox"/> Remove
		MIAMI, FL 33132	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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(C) If anything, any other information that is relevant to the case.

(D) Any other information that is relevant to the case.

(E) Any other information that is relevant to the case.

(F) Any other information that is relevant to the case.

(G) Any other information that is relevant to the case.

(H) Any other information that is relevant to the case.

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(U) Any other information that is relevant to the case.

(V) Any other information that is relevant to the case.

(W) Any other information that is relevant to the case.

(X) Any other information that is relevant to the case.

(Y) Any other information that is relevant to the case.

(Z) Any other information that is relevant to the case.

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Fax Number : (850) 617-6383

From: Account Name : BLACKLEDGER ENTITY MANAGEMENT LLC
Account Number : 220158888889
Phone : (305) 444-8888
Fax Number : (305) 444-4018

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

Email Address:

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Abbreviations:

HS: Host send
HR: Host receive
WS: Waiting send

PL: Polled local
PR: Polled remote
MS: Mailbox save

MP: Mailbox print
RP: Report
FF: Fax Forward

CP: Completed
FA: Fall
TU: Terminated by user

TS: Terminated by system
G3: Group 3
EC: Error Correct

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