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Florida Department of State

Division of Corporations
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To:

305

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: Coyon(o floridacpa.com

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HF MANAGEMENT USA, LLC

Certificate of Status	0
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Corporate Filing Menu

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10:06:46 a.m. 08-29-2016

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

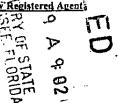
HF Management USA LLC		
(Name of the Limited Liability Com (A Florida Limited)	pany as it now appears on c d Liability Company)	our records.)
The Articles of Organization for this Limited Liability Compar	by were filed on $\frac{6/15/201}{1}$	and assigned
Florida document number L15000103483		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lired lis	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designs	ation "LLC" or the abbreviation "L.L.C."
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 registered agent and/or the new registered office address h		r records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida si	trect address
		, Florida
	Ciţy	Zip Code
New Registered Agent's Signature, if changing Registered Agen	nt:	

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's

Page 1 of 3

(#160002141563)



08-29-2016

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

305

Title	<u>Name</u>	Address	Type of Action
MGR	Thiago de Oliveira Andrade Pazina†+o	1395 Brickell Avenue Ste 1500	
		Miami, FL 33131	≅ Remove
			Change
MGR	Aline Maria da Silva Fernandez	1395 Brickell Avenue Ste 1500	Add
		Miami, FL 33131	□ Remove
			□ Change
			□ Add
			☐ Remove
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Property (Comments)

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