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

: (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. **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PRIMAFRIO US LLC

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | 03 |
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Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY JUN 1.3 2010

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(H19000185 457 3)

| PRIMAFRIO US LLC | | | |
|--|---|---|--------------------------------|
| (Name of the Limited Liability Com (A Florida Limite | pany as it now appears on c | our records.) | |
| (11 tottal Eluma | a classifity company) | <u>.</u> | <u> </u> |
| The Articles of Organization for this Limited Liability Compa | ny were filed an <u>02/03/20</u> | 017 | ind assigned |
| Florida document number L17000026560 | | | 製しるで |
| This amendment is submitted to amend the following: | | | 12 PH 4: 54 |
| A. If amending name, enter the new name of the limited lin | ability company here: | | F. 54 |
| The new name must be distinguishable and contain the words "Limited Lie | bility Company," the designa | ntion "LLC" or the abbrevia | tion "L.L.E." |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | |
| Trucipal bytte address 11051 BE A STREET ADDRESS | | | |
| | | | |
| Part | | | |
| 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 | | records, enter the | name of the new |
| | | | |
| Name of New Registered Agent: | | | |
| Name of New Registered Agent. | | | |
| New Registered Office Address: | Enter Florida sti | | |
| | Enter Piprida Sil | reer oxidaress | |
| | | , Florida | p Code |
| | City | Zų | n Code |
| New Registered Agent's Signature, if changing Registered Ager | | | |
| I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officempany has been notified in writing of this change. | te performance of my a s provided for in Chapt | luties, and I am famil ter 605, F.S. Or, if th | iar with and is document is |
| | | | |

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(H19000 185 457 3)

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-----------------------------------|---|--|
| MGR | JOSEFA RAMON GARCIA | 2330 PONCE DE LEON BLVD CORAL GABLES, FL 33134 | |
| | | | ■ Remove |
| | | | ☐ Change |
| MGR | Leroy Nicolas Thierry Pierre Rene | 2330 PONCE DE LEON BLVD CORAL GABLES, FL 33134 | Add |
| | | | Remove |
| | | | □ Change |
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| we diste, if other than the date of filing: sive date is listed, the date must be specific and cannot be prior to f the date inserted in this block does not meet the applicab on's effective date on the Department of State's eccords. | dute of filing or mose the te statutory filing requ | (opthoral) a 90 days after Diog.) Pe iresocats, this date will | rsuent to 685,0207 (3)(b) ; not be listed as the |
| ord specifies a delayed eff — ive date, but not 90th day after — record is filed. | an effective ti 🧳 | 12:01 a.m. on | the earlier of: |
| Musi 12th Ju | ge 2019 | | |
| Signature of a or author | ised septementative of a | ocmber | |

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