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

Account Number: I20150000089

: (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 UNIONMADE LLC

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Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Meta 15 2017

Help

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(H170003281803)

UNIONMAD (Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company we Florida document number L17000061710	ere filed on 03/20/2017	and assigned
This amendment is submitted to amend the following:	•	
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbre	viotion "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Malling address MAY BE A POST OFFICE BOX)		17 0
B. If amending the registered agent and/or registered office address here:	ice address on our records, <u>enter th</u> :	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u> </u>
	, Florida	
	City	Zip Code
Non-Designation of Asserts Company of Shanging Designand Agents		

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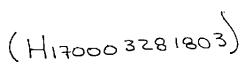
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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	David S Pineda	2330 Ponce De Leon Blvd	□ Add
		Coral Gables, Florida 33134	■ Remove
			☐ Change
MGR	Clara Ines Gomez Restrepo	2330 Ponce De Leon Blvd	≅ Add
		Coral Gables, Florida 33134	☐ Remove
			Change
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lfan effective Note: If th	date, if other than the date of filing:	05.0207 (3 sted as th
he record The 901	i specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl th day after the record is filed.	lier of:
Dated	12/14/2017	
	Signature of a member or authorized representative of a member	
	Luis Felipe Molina Zuluaga	

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