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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

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

N.

P:1	Address	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN UNIONMADE LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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UNNIONMA	
(Name of the Limited Liability Co (A Florida Lim	mpany as it now appears on our records) ited Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document numberL17000061710	pany were filed on and assigned and assigned
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 "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2: m
(Principal office address MUST BE A STREET ADDRES.	<u>s</u>
	* 1 0
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	ed office address on our records, enter the name of the new shere:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
<u></u>	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered A	
provisions of all statutes relative to the proper and comp	d agree to act in this capacity. I further agree to comply with the plete performance of my duties, and I am familiar with and it as provided for in Chapter 605, F.S. Or, if this document is office address, I hereby confirm that the limited liability
Ī	f Changing Registered Agent, Signature of New Registered Agent

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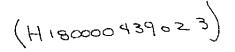
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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Clara Ines Gomez Restrepo	2330 Ponce De Leon Blvd	
		Coral Gables, Florida 33134	≅ Remove
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Page 2 of 3



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fective date, if other than the	e date of filing:	to describe	(opti	onal) - filing \ Pursuant to 6	05.0207 (3)(
was if the date inserted in UNS f	BIOCK GOCS HOL MEET HIE H	phitenoic amonoi.	Hing requirements, thi	s date will not be li	sted as the
cument's effective date on the l	Department of State's rec	cords.			
record specifies a delaye	ed effective date, bu	it not an effectiv	ve time, at 12:01	a.m. on the ear	lier of:
The 90th day after the re	ecord is filed.				
ated 1/24/201	a .				
ited 1 27 201	7.	-			
	Signature of a member of	r authorized represent	ative of a member		
		elipe Molina Zuluag			
		.i Malina Zuluac	1		

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