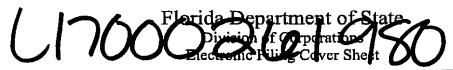
5/14/2018

Division of Corporations



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To:		
Division of Corporations	SSE	C/3
Fax Number : (850)617-6383 ::	H _E	-0

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.

Ema11	Address:			

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DEPARTMENT OF STATE
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Corporate Filing Menu

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ARTICLES OF AMENIMENT TO ARTICLES OF ORGAN ZATION OF

	Or	
BLUEFAITH LLC	·	
(Name of the Limited Liab	bility Company as it now appears on our ri	ecords.)
		/ m = 1900
The Articles of Organization for this Limited Liability	Company were filed on 12/26	and assigned
Florida document number <u>L 17000261980</u>	· 	
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "L	limited Liability Company," the designation	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
	i ,	SEC OF E
Enter new mailing address, if applicable:	The second secon	
(Malling address MAY BE A POST OFFICE BOX)		27.75
		
B. If amending the registered agent and/or re	gistered office addréss on our re	cords, enter the name of the new
registered agent and/or the new registered office a	ddress here:	
Name of Name Designand Assets	\	
Name of New Registered Agent:	en in di	
New Registered Office Address:	Enter Florida street s	address
		, Florida
	Ciŋ [,]	Zip Code
New Registered Agent's Signature, If changing Registe	ered Agent;	
I hereby accept the appointment as registered age	nt and agree to act in this capacity	. I further agree to comply with the
provisions of all statutes relative to the proper an accept the obligations of my position as registered	d complete performance of my dutte d agent as provided for in Chapter (es, and I am jammar with and 605. F.S. Or. if this document is
being filed to merely reflect a change in the regist	tered office address, I hereby confir	m that the limited liability
company has been notified in writing of this chang	ge.	

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

(H180001500763)

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 = M AMBR = A	anager uthorized Member		
Title	Name	Address	Type of Action
MGR	Ricardo de la margo Bozza	2330 Ponce de Leon Blud	-
	•	Coral Galdles, FL 33134	☑ Remove
		在教室(一)(A) (A) (Michael Carlo) (全体ない)(全体ない)) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A)	Change
MGR_	Fernanda Bozza Ebert	2330 Ponci de hean Blvd	Add
		Coral Galotus, Fl 33134	🗹 Remove
			Change
MGR	Toac Carlos Bighetti Bozza	2330 Pena, de Lean Blvd.	© Add
		Coral Galder, Fl 33134	C Remove
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Joan Bozza Neto
Typed or printed name of signer

Grand State Co.

MAY 15 PH 2:00