63:51/63 p.mc = 06-20-2019

Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BLACKLEDGER ENTITY MANAGEMENT LLC

Account Number : I20150000089 : (305)444-8800 : (305)444-4010 Fax Number

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 RAMON GARCIA USA LLC

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JUN 2 1 2019

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Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| RAMON GARCIA USA LLC | | | | |
|---|--|--|---------------------------------------|-------------|
| (Name of the Limited Liability Comp. (A Florida Limited | any as it now appears on our records.) Liability Company) | | | |
| The Articles of Organization for this Limited Liability Company Florida document number L18000132323 | were filed on 05/29/2018 | | and assign | ed |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited liab | pility company here: | | , , , , , , , , , , , , , , , , , , , | |
| The new name must be distinguishable and contain the words "Limited Liabi | ility Company," the designation "LLC" or th | ie abbrev | iation 2L.L.C. | 1 1 1 |
| Enter new principal offices address, if applicable: | 7261 NE 4TH Avenue, Unit 104 | | 52 53 | |
| (Principal office address MUST BE A STREET ADDRESS) | Miami, FL, 33138 | <u></u> | 3 | 1 1 |
| | | | D | |
| Enter new mailing address, if applicable: | 7261 NE 4TH Avenue, Unit 104 | | 50 is | |
| (Mailing address MAY BE A POST OFFICE BOX) | Miami, FL, 33138 | | | |
| B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her | | ter the | name of | the ne |
| Name of New Registered Agent: | | <u>. </u> | | |
| New Registered Office Address: | Enter Florida street address | | _ | |
| | | | | |
| | . Florida | | | |

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 hereby confirm that the limited liability company has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name GARCIA GOMEZ MANUEL | Address 7261 NE 4TH Avenue | Type of Action |
|--------------|-----------------------------|---------------------------------------|----------------|
| MGR | - | Unit 104 | |
| | | Miami, FL 33138 | О Ветиче |
| 4400 | GARCIA GOMEZ, SABINO | 7261 NE 4TH Avenue | Change |
| MGR | | Unit 104 | D Add |
| | | Mi8mi, FL 33138 | C Remove |
| | | | Change |
| | | | D Add |
| | | | □ Remove— |
| | | | Change 2 |
| | | | □ Add → |
| | | | Change |
| | | Michigan Malay Cally - Alling Manager | |
| | | | □ Remove |
| | | | Change |
| | ,,,, -, | | O Add |
| | | | ☐ Remove |
| | | | C) Change |

| D. If amending any other information, enter change(s) here: (Attach additional sheets, if nucessary.) | | |
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| E. Effective date, if other than the date of filing: | 5.0207 (3)(b) ted as the | |
| If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlieb). The 90th day after the record is filled. | ler of: | |
| Dated 6-20-2019 | | |
| Signature of a member or authorized representative of a member | | |
| GARCIA GOMEZ, MANUEL | | |

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