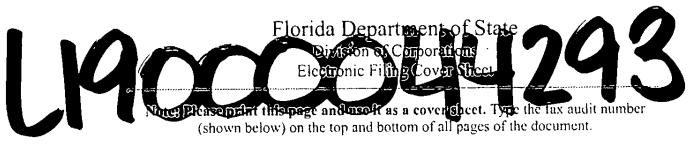
Division of Corporations



To:

(((H200003502703)))



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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.

Email Address: __cayon@hcoadvisors.com

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CORE5 LLC

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Estimated Charge	\$25.00			

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Help



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CORE5 LLC		<u></u> .		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our record Liability Company)	<u>rds.</u>)		
The Articles of Organization for this Limited Liability Compar Florida document number <u>L19000044293</u>	ly Company were filed on 02/20/2019		and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lis	ability company here:			
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LL		viation "L.	L.C."
Enter new principal offices address, if applicable:			2020	
Principal office address MUST BE A STREET ADDRESS)		;**:12; ;**:13;	20	П
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Enter new mailing address, if applicable:		há∺a Dico	A 	
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Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	- ω	
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>ente</u>	er the name o	of the nev	w registe
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street addi	Y53		
	ī	Florida		
	Cin:		Zip Code	

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.

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

To:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	WIRSCH, SILVIA L	2330 PONCE DE LEON BLVD	
		CORAL GABLES, FL 33134	■Remove
			Change
MGR	WIRSCH, SANTIAGO S	S 2330 PONCE DE LEON BLVD	□Add
		CORAL GABLES, FL 33134	≘Remove
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record specifies a delayed effective date, but is filed.	it not an effectiv	e time, at 1	2:01 a.m. o	n the earlier	of; (b) The S	roin day a	ner in
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