

L19000224522  
Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
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From: Account Name : PAUL SALVER, P.A.  
Account Number : I20020000087  
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Fax Number : (954)389-1397

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
BLACKROCK CONSUMER PRODUCT LLC**

Certificate of Status	0
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S. PRATHER

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

((H21000361363 3))

**TO: Registration Section  
Division of Corporations**

**SUBJECT: BLACKROCK CONSUMER PRODUCT LLC**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DANIELLA SANTANA  
Name of Person  
SALVER&COOK LLP  
Firm/Company  
2721 EXECUTIVE PARK DR STE 4  
Address  
WESTON, FL 33331  
City/State and Zip Code  
D.SANTANA@PSCCPAS.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANIELLA SANTANA at (954) 389-1333  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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BLACKROCK CONSUMER PRODUCT LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 09/04/2019 and signed Florida document number L19000224522

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 "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

237 South Dixie Hwy. 4 Floor, Suite 433

(Principal office address MUST BE A STREET ADDRESS)

Coral Gables, FL. 33133

Enter new mailing address, if applicable:

237 South Dixie Hwy. 4 Floor, Suite 433

(Mailing address MAY BE A POST OFFICE BOX)

Coral Gables, FL. 33133

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

SALVER & COOK LLP

New Registered Office Address:

2721 EXECUTIVE PARK DR STE 4

Enter Florida street address

WESTON

City

Florida 33331

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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (((H21000361363 3)))

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	QUINTANA VALLEDOR, CLAU	237 South Dixie Hwy. 4 Floor, Suite 433	<input type="checkbox"/> Add
		Coral Gables, FL. 33133	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	TOVAR PULIDO, CARLOS	237 South Dixie Hwy. 4 Floor, Suite 433	<input type="checkbox"/> Add
		Coral Gables, FL. 33133	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated SEPTEMBER 23, 2021

  
Signature of a member or authorized representative of a member

CARLOS TOVAR PULIDO

Typed or printed name of signer

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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