

**L1900024522**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H21000361363 3)))



H21000361363ABCZ

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : PAUL SALVER, P.A.  
Account Number : I20020000087  
Phone : (954)389-1333  
Fax Number : (954)389-1397

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

Email Address: \_\_\_\_\_

FILED  
2021 SEP 27 PM 1:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

SEP 28 2021  
S. PRATHER

2021 SEP 27 PM 4:58

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

954 389-1333  
at ( )

\_\_\_\_\_  
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

(((H21000361363 3)))

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

(((H21000361363 3)))

BLACKROCK CONSUMER PRODUCT LLC

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

2021 SEP 27 PM 1:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

, Florida 33331

*City*

*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:**

(((H21000361363 3)))

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
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

((H21000361363 3))

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

[illegible]

**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 signee

FILED  
2021 SEP 27 PM 1:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

((H21000361383 3)))

**Filing Fee: \$25.00**