## Division of Corporations Electronic Filing Cover Sheet

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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

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.\*\*

305

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PERISO AMERICA LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PERISO AMERICA 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	and assi	and assigned		
Florida document number L20000121446		<u></u>	Gr.vv.	
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 the a	bbreviation "L.1		•••
Enter new principal offices address, if applicable:	999 BRICKELL AVE SUITE 410			
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33131			_
Enter new mailing address, if applicable:	999 BRICKELL AVE SUITE 410			~
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33131	S A	201	
			_	
		<u> </u>	¥	- !
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the nam	ne of the new	Pepiste	ered
agent and of the new registered office address nere:		뜻		T
Name of New Registered Agent:			<u>.</u>	
New Registered Office Address:			00	
	Enter Florida street address		-	_
	, Florida			_
·····	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	CARLOS ALMEIDA	999 BRICKELL AVE SUITE 410	() Add
		MIAMI, FL 33131	
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fan effective date is listed, the da <u>Note:</u> If the date inserted in t locument's effective date on t	te must be specific a his block does not	ind cannot be prior to 1 meet the applicat	date of filing or more	(optiona than 90 days after fili equirements, this da	re ) Pursuani to 605.0207
record specifies a delayed eff d is filed.	fective date, but n	ot an elfective tim	ie, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
JUNE 16 Dated		1626/	$\gamma//$		
Dated		- / <i>F-//f-</i>	-{[[	•	
		11 XX	/ <u> </u>		
	Signature of	a naturocr or author	ed representative of	a meniber	