

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
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: Cayman@hcoadvisors.com

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 JUN 16 PM 4:00

FILED

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

RECEIVED

2020 JUN 16 PM 4:30

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PERISO AMERICA LLC

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

The Articles of Organization for this Limited Liability Company were filed on 05/07/2020 and assigned
Florida document number L20000121446.

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:

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

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:

New Registered Office Address:

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 Changing Registered Agent, Signature of New Registered Agent

FILED
2020 JUN 16 PM 4:00
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

MGR = Manager
AMBR = Authorized Member

