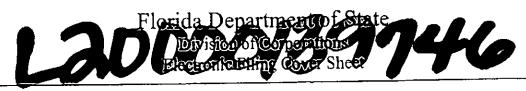
6/25/2020

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:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **4 PAISANOS LLC**

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JUN 26 2020

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Corporate Filing Menu

Help

From: Angelica Mohamad

To:

4 PAISANOS LLC		
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our record ed Liability Compony)	<u>rs.</u>)
The Articles of Organization for this Limited Liability Comparition for this Limited Liability Comparition document number L20000139746	ny were filed on 05/29/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li		
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)	<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ce address on our records, <u>enter</u>	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Emer Floridu sweet addre	755
	,F	lorida
	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.

From: Angelica Mohamad

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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jacobo Cojab Hilwani	2330 Ponce de Leon Blvd,	
		Coral Gables, FL. 33134	□Remove
			□Change
			□Add
			□Remove
			Change
			DAdd
			□Remove
	•		Change
			□Add
			Remove
			□Add
			Remove
			Change
			□Add
	-		Remove
			Change

ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Mec an e	ive date, if other than the date of filing:
ote:	fective date is listed, the date must be specific and cannot be prior to date of thing or high man 70 tays and things. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed tent's effective date on the Department of State's records.
rece Lis I	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies (b) The 90th day after the
3 (5)	
atec	June 25 , 2020
	Signature of a member or authorized representative of a member
	Carlos Gerardo Guillen