10/23/2020

Division of Corporations



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BLACKLEDGER ENTITY MANAGEMENT LLC

Account Number : I20150000089 : (305)444-8800 Phone 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: Cayon @ hooddvisors. Com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE ANDES MANAGEMENT LLC

Certificate of Status	0
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OCT 26 2020

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Help

From: Angelica Mohamad \* Fax: 13054458800

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION U. 32 1 9 33 OF

THE ANDES MANAGEMENT LLC		
(Same of the Limited Lin (A Flor	bilits Company as it now universe on our trida Limited Liability Company)	ccotqr)
The Articles of Organization for this Limited Liability	y Company were filed on 08/21/2020	and assigned
Florida document number L20000248040	<del></del>	
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the li	imited liability company here:	
South Pacific Management LLC		
The new name must be distinguishable and contain the words "I	inuted Liability Company," the designation	"LLC" or the abbreviation "L. L. C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
	annument way - sector - tomate () - sector	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BON)	4 A	
B. If amending the registered agent and/or registe	and office address on our moonds.	enter the name of the new registered
agent and/or the new registered office address here		ence the mane of the new regions co
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Fhirida street i	uchtress
		_, Florida
_	Cin	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.

Page: 4 of 5

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person-being added or removed from our records: L 90 17 17 9: 33

AMBR = Authorized Member				
<u>l'itle</u>	Name	Address	Type of Action	
			□Add	
			☐Remove	
			□ Change	
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			□Remove	

D. If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary),
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Hilan afleste <b>Note:</b> Hil	tlate, if other than the dute of filing:  to due is listed, the due must be specific and cannot be prior to due of filing or more than 20 days after filing.) Pursuant to 015.0307 (3 of the due inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 's effective date on the Department of State's records.
If the record's record is filed.	pecifles a delayed effective date, but not an effective time, at 12:01 a m. on the earlier of; thy The 90th day after the
Dated	Caloba: 23 2020 P
	CRISTIAN UNDURINGA PAZAU  Typed or printed name in signer