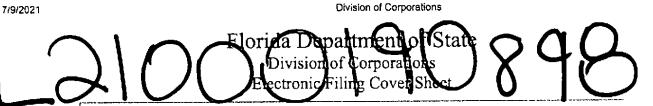
Fax: (850) 617-6383

Page: 2 of 5

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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.

(((H210002656193)))



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 : 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.

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIG **BLACKTORO HOLDING LLC**

Certificate of Status	0
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Corporate Filing Menu

Help

(H 21000 2656193)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ACKTORO HOLDING LLC	
(Name of the Limited (A	Liability Company at it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	and assigned	
Florida document number L21000190898		
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company here:	
The new name must be distinguishable and contain the work	ds "Limited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	7 BE
		ARE JUL
Enter new mailing address, if applicable:		- S + F
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
	-	95 = C
B. If amending the registered agent and/or reg agent and/or the new registered office address	distered office address on our records, <u>enter the</u> <u>here</u> :	pame of the new (sensered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	-
	Florid,	
	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 Bogistered Agent

(14210002656193)

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

<u>Title</u>	Name	Address	Type of Action
MGR	JUAN DIEGO ESTRADA	2330 PONCE DE LEON BLVD	Type of Action
,		CORAL GABLES, FL 33134	———— □Add. ———— ■Remove
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