Division of Corporations

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To:

Division of Corporations

Email Address:_

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.**

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BLACKTORO ASSET MANAGEMENT LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

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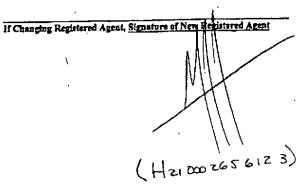
To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

•	City	Zip Code	
	, Florida _	<u>. </u>	<u>.</u>
TIAL VARBUINA ARIAN DARRAM	Enter Florida street address		
New Registered Office Address:			
Name of New Registered Agent:			
agent and/or the new registered office address here:		>	
B. If amending the registered agent and/or registered of	fice address on our records, enter the na	me of the new	registered CO
		000	
			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
Enter new mailing address, if applicable:			_
		至門	<u> </u>
			<u></u>
(Principal office address MUST BE A STREET ADDRES.	<u> </u>	- 20 0	999
Enter new principal offices address, if applicable:		·	
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or the	ibbreviation "L.L.	C."
A. If amending name, enter the new name of the limited	liability company here:		
This amendment is submitted to amend the following:	•		
Florida document number L21000258127	•		
The Articles of Organization for this Limited Liability Comp	pany were filed on 06/02/2021	and assig	ned
(A Florida Lim	ited Liability Coropany)		
	inpany as it now appears on our records.)		
BLACKTORO A	ASSET MANAGEMENT LLC		

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	<u>Name</u>	Address	Type of Action
MGR	JUAN DIEGO ESTRADA	2330 PONCE DE LEON BLVD	□Add
	·	CORAL GABLES, FL 33134	ĦRemove
	•		Change
			□Add
	•		CRemove
			Change
			(DAdd
			CRemove
			Change
			□Add
			□Remove
			Change
			DAdd
		3	□Remove
			Change
			□Add
			□ Rcmovc
	·		Change

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Signature of a member of symbolized/representative of a member

Typed or printed name of signee

Alejandro Goldanicana

(Hz1 000 265 6123)