2/8/22, 12:56 PM

Division of Corporations

Florida Department of State

Division of Corporations

Floring Fills Corporations

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.

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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : H & CO, LLP Account Number : 120150000089 Phone : (305)444-8800 Fax Number : (305)444-4010 2022 FEB -8 FM 1: 14 **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 BLACKTORO ASSET MANAGEMENT LLC Certificate of Status Certified Copy Page Count

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T. LEMIEUX

FEB 09 2022

(Hzz0000511683)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLACKTORO AS	SSET MANAGE	MENT LLC		
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appo Liability Company	ars on our records.)		
The Articles of Organization for this Limited Liability Company Florida document number L21000258127	were filed on _	06/02/2021	and ass	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company	<u>here</u> :		
BLACK TORO LLC				
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the	designation "LLC" or the	abbreviation "L.I	C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:	<u> </u>	·		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>		
B. If amending the registered agent and/or registered office a	address on our	records, enter the m	ame of the new	register
agent and/or the new registered office address here:		· ·	- 	
			යා	
Name of New Registered Agent:			(0)	
New Registered Office Address:			accepts accept	-
	Enter F	lorida sireei address		
		Florida	<u> </u>	
	Ciņ		Zip Coae	
New Registered Agent's Signature, if changing Registered Agent:				
				le e cariolo el
hereby accept the appointment as registered agent and agre	ee to act in thi.	s capacity, i juriner (адгее 10 сотр	çv wun

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

(H2200005-11683)

MGR = Manager

To:

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

Title	<u>Name</u>	Address	Type of Action
		TRACT COS	Type of Action
			□Add
			□ Change
			□Add
		□Remove	
		□Add	
		□Remove	
		ClChange	
		-	Ei/dd
			Change
		□Remove	
			Change
			□Add
			□Remove

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To:

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fan ei <u>Note:</u>	ive date, if other than the date of filing:
record is fi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	February 8
)a te d	