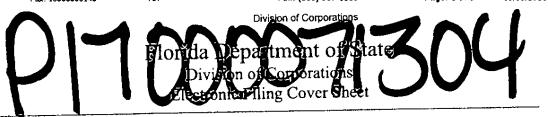
8/2/2021



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.

(((H21000293165 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : BLACKLEDGER ENTITY MANAGEMENT LLC

Account Number : 120150000089

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:

COR AMND/RESTATE/CORRECT OR O/D RESIGN BLACK BULL GROUP INC

	
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AUG 4 2021

S. PRATHER

Electronic Filing Menu

Corporate Filing Menu

Help

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•		
Articles of Ame	endment	<u> </u>
to		-
Articles of Incor	porzewa	
BLACK BULL C	PROUP INC) مدر (م)
	filed with the Florida Dept. of State)	(7)
(Name of Corporation as currency)		्र
	a -d ((Ch-aum)	1
(Document Animoc) of C	Sorporation (it known)	題
(Document Number of Coursuant to the provisions of section 607.1006, Florida Statutes, this Flas Articles of Incorporation:	lorida Profit Corporation adopts the following	ing amendment
A. If amending name, enter the new name of the corporation:		
		_The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", A "chartered," "professional association," or the abbreviation "P.A."	projessianim corporation, mem	tion "Corp" ain the word
B. Enter new principal office address, if applicable:	2330 PONCE DE LEON BLVD	
(Principal office address MUST BE A STREET ADDRESS)	CORAL GABLES, FL 33134	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2330 PONCE DE LEON BLVD	
\(\frac{1}{2}\)	CORAL GABLES, FL 33134	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address WORLDWIDE CORPOR	I <mark>ress in Florida, enter the name of the</mark> SI RATE ADMINISTRATORS LLC	
2330 PONCE DE LEON	BLVD	<u>.</u>
	treet address)	34
CORAL GABLES, FL	331 Florida, Florida	
New Revisiered Office Address:	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	ent: or with and accept the obligations of the pos or with and accept the obligations of the pos where the changing the	ition.

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

(H 21 000 2931653)

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

Fax: 13056000143

Please note the officer/director title by the first letter of the office title:

P = President; F= Vice President; T= Treasurer; S= Secretary: D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doc	
X Remove	<u>Y</u>	Mike Jones	
X Add	<u>sy</u>	Sally Smith	
Type of Action	Title	Name	Address
(Check One) 1) X Change	Ţ	JOSE M PALMA ESCUDERO	2330 PONCE DE LEON BLVD
			CORAL GABLES, FL 33134
Add			
Remove 2) Change	PD	ROGER PHILIP SMITH	2330 PONCE DE LEON BLVD
Add			CORAL GABLES, FL 33134
Remove 3) Change			
, Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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Ta:

amending or adding additional Arti tach additional sheets, if necessary).	(Be specific)
<u> </u>	
	e dia a concellation of issued shares,
. If an amendment provides for an e	exchange, reclassification, or cancellation of issued shares, amendment if not contained in the amendment itself:
(if not applicable, indicate N/A))

To:

The date of each amendmen	t(s) adoption:	_, if other than the
date this document was signed	I.	
Effective date if applicable:	(no more than 90 days after amendment file date)	
	•	
Note: If the date inserted in document's effective date on	this block does not meet the applicable statutory filing requirements, this date will the Department of State's records.	not be listed as the
Adoption of Amendment(s)		
☐ The amendment(s) was/w action was not required.	ere adopted by the incorporators, or board of directors without shareholder action and	shareholder
■ The amendment(s) was/w by the shareholders was/	ere adopted by the shareholders. The number of votes east for the amendment(s) were sufficient for approval.	
☐ The amendment(s) was/w must be separately provi	ere approved by the shareholders through voting groups. The following statement ded for each voting group entitled to vote separately on the amendment(s):	2r 7A.
	les east for the amendment(s) was/were sufficient for approval	2021 AUG
by	(voting group)	3 -3 85:
		2021 AUG -3 AM 9:
Signatur	(By a director, president or other officer – if directors or officers have not been	
	selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	ROGER PHILIP SMITH	
	(Typed or printed name of person signing)	
	DIRCTOR- PRESIDENT	
	(Title of person signing)	