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Division of Corporations

Fax Number : (850)617-6380

. (036)01/-0300

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.

Email Address: Cayon@ncoadvisors.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN BLACKSMITH AND BRIGANTINE CORPORATION

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To:

Articles of Amendment to Articles of Incorporation of

BLACKSMITH AND BRIGANTINE CORPORATION				
(Name of Corporation as currently	filed with the Florida Dept. of State)			
P19000086769	'			
(Document Number of	Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	Torida Profit Corporation adopts the fol	lowing amer	ıdment	(s) to
A. If amending name, enter the new name of the corporation:				
name must be distinguishable and contain the word "corporation," "co	" "image of d" and a share	The		
name must be distinguishable and contain the word corporation, a "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	professional corporation name must o	contain the	vord	
B. Enter new principal office address, if applicable:	1110 BRICKELL AVE STE 430K, O	FFICE 430-1		
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33131			
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)		_		
		;.	 	
·			<u> </u>	
	<u> </u>		_ ,	
D. If amending the registered agent and/or registered office addr			င်၁	
new registered agent and/or the new registered office address:	•	Syc.	:>> ::::=	, H
Name of New Registered Agent		17120	=	25 mm .
			 ယ	
(Florida stre	cet address)	נתו	ထ	
New Registered Office Address:	, Florida			
•	(City)	(Zip Code)		
New Registered Agent's Signature, if changing Registered Agent:	•			
I hereby accept the appointment as registered agent. I am familiar w	rith and accept the obligations of the pos	ition.		
	,			
Signature of New Ri	egistered Agent, if changing			
Check if applicable	!			
Check if applicable The amendment(s) is/are being filed pursuant to s. 607.0120 (11)	(e), F.S.			

Page: 4 of 6

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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:

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

P = President; V= 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	PI	John Do	<u>ne</u>	
X Remove	Ā	Mike Jo	ones .	
X Add	<u>sv</u>	Sally S	mith_	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	MGR		JUAN A QUINTERO	1110 BRICKELL AVE
Add		_		STE 430K, OFFICE 430-L
X Remove				MIAMI, FL 33131
2) Change	D		DAVID GONZALEZ DE SOUSA	1110 BRICKELL AVE
X Add				STE 430K, OFFICE 430-L.
Remove 3) Change		_		MIAMI, FL 33131
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

	i
	i
If amending or adding additional Articles, enter change(s) here:	;
Attach additional sheets, if necessary). (Be specific)	'
	4
,	
If an amendment provides for an exchange, reclassification, or cancellation of	figured chares
provisions for implementing the amendment if not contained in the amendm	ent itself:
(if not applicable, indicate N/A)	
<u> </u>	
	-: - <u> </u>

Fax: (850) 617-6380

From: Angelica Mohamad Fax; 13054448800

To:

Page: 5 of 6 04/08/2021 11:09 AM

From: Angelica Mohamad' Fax: 13054448800

To:

appointed fiduciary by that fiduciary)

DIRECTOR

DAVID GONZALEZ DE SOUSA

(Title of person signing)

(Typed or printed name of person signing)

Fax: (850) 617-6380

04/08/2021 11:09 AM