

LO9000109674  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6383  
From: Account Name : TAXLEAF.COM INC  
Account Number : I20140000084  
Phone : (305) 541-3980  
Fax Number : (305) 541-7033

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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\*\*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  
JASPE, LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
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| Estimated Charge      | \$25.00 |

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D. BRUCE  
OCT 21 2016

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

JASPE, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/13/2009 and assigned Florida document number L09000109674

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 3111 N UNIVERSITY DR STE 105  
(Principal office address MUST BE A STREET ADDRESS) CORAL SPRINGS, FL 33065

Enter new mailing address, if applicable: 3111 N UNIVERSITY DR STE 105  
(Mailing address MAY BE A POST OFFICE BOX) CORAL SPRINGS, FL 33065

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: ACCOUNTANT & MANAGEMENT INC

New Registered Office Address: 1549 NE 123RD STREET  
*Enter Florida street address*

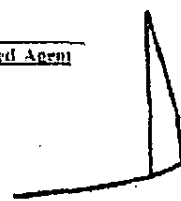
NORTH MIAMI, Florida 33161  
*City Zip Code*

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 Registered Agent

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>                   | <u>Address</u>                     | <u>Type of Action</u>                      |
|--------------|-------------------------------|------------------------------------|--|
| MGR          | CARLOS ALBERTO PACHECO JUNIOR | 1331 BRICKELL BAY DRIVE SUITE CU-2 | <input type="checkbox"/> Add               |
|              |                               | MIAMI, FL 33131                    | <input checked="" type="checkbox"/> Remove |
| MGR          | CARLOS ALBERTO PACHECO JUNIOR | 3111 N UNIVERSITY DR STE 105       | <input checked="" type="checkbox"/> Add    |
|              |                               | CORAL SPRINGS, FL 33065            | <input type="checkbox"/> Remove            |
|              |                               |                                    | <input type="checkbox"/> Add               |
|              |                               |                                    | <input type="checkbox"/> Remove            |
|              |                               |                                    | <input type="checkbox"/> Add               |
|              |                               |                                    | <input type="checkbox"/> Remove            |
|              |                               |                                    | <input type="checkbox"/> Add               |
|              |                               |                                    | <input type="checkbox"/> Remove            |

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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

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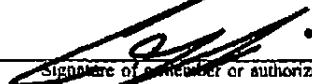
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**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**  
 (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated OCTOBER 18TH, 2016




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Signature of a member or authorized representative of a member

**CARLOS ALBERTO PACHECO JUNIOR**

Typed or printed name of signer

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 CLERK OF STATE  
 TALLAHASSEE, FLORIDA