From: Jtax Corp 10/4/22, 12:11 PM

Division of Corporations Electronic Filing Cover Sheet

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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : JTAX CORP Account Number: 12020000009 Phone : (954)544-1000 Fax Number : (954)678-4500

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:\_\_\_\_

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limi	ted Liability Company as it now a (A Florida Limited Liability Comp	opears on our records.) any)
The Articles of Organization for this Limited L Florida document number		n 06/08/2021 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability compar	ny here:
The new name must be distinguishable and contain the	words "Limited Liability Company,"	the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli (Principal office address MUST BE A STRE)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	
B. If amending the registered agent and/or agent and/or the new registered office addre		our records, <u>enter the name of the new regi</u> s
Name of New Registered Agent:	JTAX CORP	
New Registered Office Address:	23123 STATE RD 7 STE 315	;
	Ente	r Florida street address
	BOCA RATON	, Florida
	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

From: Jtax Corp

Fax: 19546784500

Ta:

Fax: (850) 617-6383

Page: 4 of 5

10/04/2022 12:16 PM

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ABILIO MONTEIRO DA ROCHA	6364 LA COSTA DR. APT A	
		BOCA RATON, FL, 33433	D/dd
			■ Remove
			☐ Change
			□Add
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			□Change

From: Jtax Corp Fax: 19546784500 To: Fax: (850) 617-6383 Page: 5 of 5 10/04/2022 12:16 PM

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(If an effective date is Note: If the date	other than the date of file listed, the date must be specific sinserted in this block does no live date on the Department of	and cannot be prior to date of t meet the applicable statu	filing or more than 90 o story filing requirem	(optional) lays after filing.) Pursuant ( ents, this date will not b	o 605,0207 () c listed as tl
he record specifies a ord is filed.	a delayed effective date, but r	ot an effective time, at 12	:01 a.m. on the earli	er of: (b) The 90th day	after the
Dated	OCTOBER, 4th	_ · ·			
		Monco	A. Gapa		
	Signature of	a member or authorized repr		r	
		MARCOS A GASPA	AR		
		Typed or printed name o	of signee	<u> </u>	

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