

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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	Account Name	: TAXLEAF.COM INC		U
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	Phone	: (305)541-3980		···
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annual report mailings. Enter only one email address please. \*\*

Email	Address	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JASPE, LLC

Certificate of Status Certified Copy 0 Page Count 01 Estimated Charge \$25.00

## H16000259840 3

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JASPE, LLC				
(Name of the Limit	ed Unbility Compar (A Florida Limited I	iv as it now appears on o liability Company).	nt tecordy)	
The Articles of Organization for this Limited Ei Florida document number L09000109674	ability Company	were filed on 11/13	2009	and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited liabi	ility company here:		
The new name must be distinguishable and end with the	words "Limited Liab	ility Company," the design	tion "LLC" or the ab	hreviation "L,L,C."
Enter new principal offices address, if applic	able:	3111 N.UNIVER	SITY DR STE	105
Principal office address MUST BE A STREE	TADDRESS)	CORAL SPRING	SS, FL 33065	
		Photogram and recorded with the Salvey was become	** *** *** *** *** *** *** *** *** ***	
Enter new mailing address, if applicable:		3111 N UNIVER	SITY DR STE	
(Mailing address MAY BE A POST OFFICE	BOX)	CORAL SPRING	SS, FL 33065	
			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	3 2 I
B. If amending the registered agent and/ registered agent and/or the new registered of			·	the name of the ne
Name of New Registered Agent:	ACCOUNTA	ANT & MANAGEN	5	21
New Registered Office Address:	1549 NE 12	3RD STREET		
		Enter Florida stro		
	NORTH MIA		, Florida <u>33</u>	
New Registered Agent's Signature if changing I	Dazsieranal Loranto	Cuý		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 filled to merely reflect a change in the registered office address, I hereby confirm that the limited liability campany 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

Title Name

1 Itte	Name	Address Type of Action	
MGR	CARLOS ALBERTO FACHECO JUNIOR	1331 BRICKELL BAY DRIVE SUITE CU-2	
		MIAMI, FL 33131	
MGR	CARLOS ALBERTO PACHECO JUNIOR	3111 N UNIVERSITY DR STE 105	
		CORAL SPRINGS, FL 33065	
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ffective date, if other than the date of filing: the effective date must be specific, cannot be prior to date of receipt or filed date and on the date this document is filed by the Florida Department of State)  OCTOBER 18TH  2016	
e effective date must be specific, cannot be prior to date of receipt or filed date and on the date this document is filed by the Florida Department of State)	cannot be more than 90 days after

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