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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : JFS CONSULTING SERVICES LLC

Account Number : I20220000092

Phone : (786)440-5553

Fax Number : (786)279-5272

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COVER LETTER

TO: Registration S Division of Co			à
INTER-A	SSISTANCE LLC		
acoueca,	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
	f Amendment and fee(s) are sub condence concerning this matter	_	
	Jorge Schneider		
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	JFS Consulting Services		
		Firm/Company	
	2627 NF. 203rd Ste 218		
	,	Address	
	Aventura, FL 33180		
	D. 1. 13. C.7.1.	City/State and Zip Code	
	Pschneider@jfsbizup.com E-mail address: (to be used for future annual report noti	fication)
For further information	concerning this matter, please ca	all:	
Jorge Schneider		786 4405553	
Name	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

3

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)				
The Articles of Organization for this Limited Liability Company Florida document number L13000002054	were filed on <u>01/04/2013</u>	_ and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabi	ility company here:				
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbr	eviation "L.L.C."			
Enter new principal offices address, if applicable:	1571 Sawgrass Corporate Pkwy				
	CHUTC 100				
	SUNRISE, FL 33323				
Enter now mailing address if applicable	1571 Sawgrass Corporate Pkwy				
nter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered off	SUITE 100				
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liable the new name must be distinguishable and contain the words "Limited Liable Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS: Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX: 3. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	SUNRISE, FL 33323				
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the name	of the new regis			
		——————————————————————————————————————			
New Registered Office Address:	Enter Florida street address				
	, Florida	ڊي Zip Code ج			
	City	inp.code =			

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 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>	Name	Address	Type of Action
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		Marine Control	□Remove
		de de la companya de	
			□Add
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			□Change
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			☐Remove
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fective date, if other than to an effective date is listed, the date is ote: If the date inserted in this ocument's effective date on the	block does no	t meet the applic	able statutory fili	(opt nore than 90 days after ng requirements, th	ional) er filing.) Pursuant to (is date will not be l	605.0207 (isted as t
record specifies a delayed effect is filed.	tive date, but n	not an effective ti	me, at 12:01 a.m.	on the earlier of: (b) The 90th day a	fter the
ated May 11		2023				
hur doublian		<u> </u>	·			
(-/-/-	Signature of	a member or author	orized representativ	e of a member		

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