

Jan. 14. 2019 4:54 PM

Division of Corporations

No. 1033 P. 1

L14000084886

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 : US TAX CONSULTING INC  
Account Number : I20160000060  
Phone : (407)674-8969  
Fax Number : (407)674-8970

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DIVISION OF CORPORATIONS  
FLORIDA

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Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
JOS REAL ESTATE INVESTMENTS LLC

Certificate of Status	0
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2019 JAN 14 PM 4:58

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Corporate Filing Menu

Help

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF  
JOS REAL ESTATE INVESTMENTS LLC**

The Articles of Organization for this Florida Limited Liability Company were filed on 05/27/2014 and assigned Florida document number .

Florida document number: L14000084886.

EIN Number: 37-1759901

**Article I**

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

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

**Article II**

Enter new principal offices address, if applicable:  
(Principal office address **MUST BE A STREET ADDRESS**)

5401 S. KIRKMAN RD SUITE 135, ORLANDO, FL, 32819

Enter new mailing address, if applicable:  
(Mailing address **MAY BE A POST OFFICE BOX**)

5401 S. KIRKMAN RD SUTTE 135, ORLANDO, FL, 32819

**Article IV**

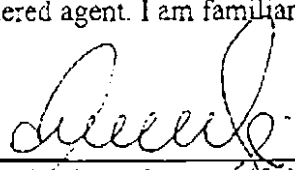
**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: US TAX CONSULTING INC

New Registered Office Address: 5401 S. KIRKMAN RD SUITE 135, ORLANDO, FL, 32819

**New Registered Agent's Signature, if changing Registered Agent:**

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

  
\_\_\_\_\_  
Signature of New Registered Agent, if changing

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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

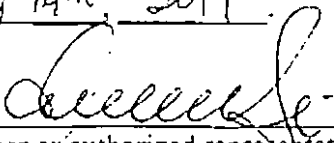
Title	Name	Address	Type of Action
MGR	JAYME DE OLIVEIRA SANTOS NETO	RUA SENADOR EUZEBIO,6 APT 301 RIO DE JANEIRO, RJ 22250-090, BR	REMOVE
AMBR	JAYME DE OLIVEIRA SANTOS NETO	RUA SENADOR EUZEBIO,6 APT 301 RIO DE JANEIRO, RJ 22250-090, BR	ADD

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

D. 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: January 14<sup>th</sup>, 2019

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

SERGIO SA

Typed or printed name of signer

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA