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| (Re | equestor's Name) | |
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| (Ac | ddress) | |
| (Ac | ddress) | |
| (Ci | ty/State/Zip/Phone #) | |
| PICK-UP | WAIT | MAIL |
| (В | usiness Entity Name) | |
| (De | ocument Number) | |
| Certified Copies | _ Certificates of | Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| TO: Registration Secti Division of Corpo | | | |
|---|--|---|--|
| JOUKEH I | NVESTMENTES LLC | | |
| SUBJECT: | Name of Limited | d Liability Company | |
| | nendment and fee(s) are submi | _ | |
| | DANILO SANTANA | | |
| | | Name of Person | |
| | US TAX CONSULTIN | G INC | |
| | | Firm/Company | |
| | 5401 S KIRKMAN RD | STE 105 | |
| | | Address | |
| | ORLANDO, FL 32819 | | |
| | | City/State and Zip Code | |
| | SUPPORT@USTAXCO E-mail address: (to l | be used for future annual report notificat | ion) |
| For further information con- | cerning this matter, please call: | : | |
| DANILO SANTANA | | 407 674-8969 | |
| Name of Po | erson | Area Code Daytime Te | lephone Number |
| Enclosed is a check for the | following amount: | | |
| ■ \$25.00 Filing Fee | □ \$30.00 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) |

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JOUKEH INVESTMENTES 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 $\frac{09}{02}/2014$ and assigned Florida document number L14000136890 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: JOUKEH INVESTMENT LLC 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

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

| MGR = M $AMBR = A$ | anager uthorized Member | | |
|--------------------|----------------------------|---------|-----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| date this document is | ner than the date of filing: 07/13/2015 (optional) the specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after a filed by the Florida Department of State) 2015 |
| | s filed by the Florida Department of State) |

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