

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 : UNION HSA LLC  
Account Number : I20150000070  
Phone : (954) 770-6227  
Fax Number : (954) 369-4446

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

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
JS.CON LLC

Certificate of Status	1
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FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

2015 OCT 19 A 8:01  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

FILED

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

JS.CON 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 10/07/2015

Florida document number L15000170864

This amendment is submitted to amend the following:

**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."

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:

TAXPLACE L.L.C. / DOC # L06000020046

New Registered Office Address:

1660 WEST HILLSBORO BLVD

Enter Florida street address

DEERFIELD BEACH

Florida 33442

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

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> CORRECTED NAME	<u>Address</u>	<u>Type of Action</u>
MGR	JOAO SILVA OLIVEIRA	1660 WEST HILLSBORO BLVD	<input type="checkbox"/> Add
		DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	JOAO SILVA OLIVEIRA	1660 WEST HILLSBORO BLVD	<input type="checkbox"/> Add
		DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2019 OCT 9 AM 8:00  
 STATE OF FLORIDA  
 DEPARTMENT OF REVENUE  
 DIVISION OF TAX COLLECTION

