

## 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 Fax Number

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

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

Certificate of Status	1
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Electronic Filing Menu

Corporate Filing Menu

OCT 20 2015 Help

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## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

	. <b>OF</b>	
JS.CON LLC		The same of the sa
(Name of the Limi	ed Liability Company as it now appears on our (A Florida Limited Liability Company)	records.
	•	
The Articles of Organization for this Limited L	iability Company were filed on $\frac{10/07/2015}{10/07/2015}$	and assigned
Florida document number L15000170864	· .	
		Sm I
This amendment is submitted to amend the foll	owing:	
A. If amending name, enter the new name o	f the limited Hability company here:	
The new name must be distinguishable and contain the v	vorde "Limited Liability Company," the designation	a "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	
(Principal office address MUST BE A STREE	TADDRESS)	
•		
•		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	
	<del></del>	·
B. If amending the registered agent and	or registered office address on our r	cords, enter the name of the ne
registered agent and/or the new registered o		
Name of New Registered Agent:	TAXPLACE L.L.C. / DOC # L06000020	046
New Registered Office Address:	1660 WEST HILLSBORO BLVD	
	Enter Florida street	address
	DEERFIELD BEACH	_, Florida
	City	Zip Code
Name Dagistanad Amerika Simontona istrikan minar l	Duralista maria	

## New Registered Agent's Supunture, 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

Page 1 of 3

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 Name CORRECTED NAME Type of Action Address <u>Title</u> JOAO SILVA OLIVEIRA 1660 WEST HILLSBORO BLVD MGR □ Add DEERFIELD BEACH, FL 33442 ☐ Remove CORRECTED NAME Change JOAO SILVA OLIVEIRA 1660 WEST HILLSBORO BLVD AMBR □ Add DEERFIELD BEACH, FL 33442 ☐ Remove \_ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove Change Remove ☐ Change

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