

# L1500198133

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 : BUSINESS CHOICE, INC.  
Account Number : F20010000004  
Phone : (954) 782-1829  
Fax Number : (954) 697-0243

**\*\*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 J&N EDUCATION AND TRAVEL LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

**ARTICLES OF ORGANIZATION  
OF****J&N EDUCATION AND TRAVEL, 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 11/24/2015 and assigned  
Florida document number L15000198133

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 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)

2075 Powerline Rd. Suite 5Pompano Beach, FL 33069

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2075 Powerline Rd. Suite 5Pompano Beach, FL 33069**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:

Gilson Leal Mattos

New Registered Office Address:

5181 SW 139th Ter.

*Enter Florida street address*

Miramar

*City*

Florida 33027

*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.*

*Gilson Leal Mattos*  
If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager  
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Gilson Leal Mattos	5181 SW 139th Ter. Miramar, FL 33027	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	Renan Malosti	4450 NW 6th St Apt. 101 Deerfield Beach, FL 33442	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AMBR	Jessica Almeida Sousa Moraes	4450 NW 6th St Apt. 101 Deerfield Beach, FL 33442	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 11/30/2017

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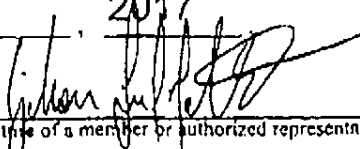
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated October 31st, 2017

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

**Gilson Leal Mattos**

\_\_\_\_\_  
Typed or printed name of signatory