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COVER LETTER

	gistration Sec rision of Corp			
SUBJECT:	JIT AMERI	CAS, LLC		
, , , , , , , , , , , , , , , , , , , ,		Name of Limi	ted Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return	i all correspoi	ndence concerning this matter t	to the following:	
		TATIANE BERTON		
			Name of Person	
		ASSELFIS INTERNATION	NAL LLC	
			Firm/Company	
		7901 KINGSPOINTE PKW	VY SUITE 10	
			Address	
		ORLANDO FL 32819		
		TATIANE@ASSELFIS.CO	City/State and Zip Code OM	
		E-mail address: (1	to be used for future annual report notific	cation)
For further i	nformation co	oncerning this matter, please ca	all:	
TATIANE I	BERTON		407 826 1034	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
■ \$25.00 H	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

JIT AMERICAS, LLC

mpany has been notified in writing of this change.

(Name of the Limited Liability Company as it now at (A Florida Limited Liability Compa	ppears on our records.) any)
The Articles of Organization for this Limited Liability Company were filed or	n 06/03/2016 and assigned
Florida document number 1.16000108136	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compan	ny horo
The interioring manner the new name of the named name (company	(, 110.0 .
The new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "LLC" or the abbreviation "LLC."
	-73
Enter new principal offices address, if applicable:	·
(Principal office address MUST BE A STREET ADDRESS)	
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·
Ente	r Florida street address
	, Florida Zip Code
City	Zsp Code
ew Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent and agree to act in to ovisions of all statutes relative to the proper and complete performance	

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	Type of Action
AMBR	CAROLINA VICENTIN DE ARAUJO	RUA ANTONIO GOMES 135	
		APT 116 FELICIDADE	Add
			☐ Remove
		GUARULHOS, SP 07093-090 BR	
			☐ Change
			🗆 Remove
			□ Change
			: : : : : : : : : : : : : : : : : : :
			D Remove
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			Remove
			☐ Change
			□ Remove
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tive date, if other than the date of filing:	(optional) to date of filing or more than 90 days after filing.) Pursuant to 605.0
If the date inserted in this block does not meet the application of the date on the Department of State's records.	able statutory filing requirements, this date will not be listed
•	
cord specifies a delayed effective date, but note 90th day after the record is filed.	t an effective time, at 12:01 a.m. on the earlie
DECEMBER 21 2019	
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00