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To:

Division of Corporations

Fax Number

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From:

: RC TAX SERVICE LLC Account Name

Account Number : I20140000083 Phone

: (407)932-0040

Fax Number

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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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COVER LETTER

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his matter to the following:	
JOSE F CHEIN	
Name of Person	····
JOFERSON LLC	
Firm/Company	
6965 PIAZZA GRANDE AVE SUITE 4	13
Address	
ORLANDO FL 32835	
City/State and Zip Code	
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407	,
at () Arta Code Daytime	Telephone Number
Fee & D \$55.00 Piling Fee & Status Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Some submitted to filing. JOSE F CHEIN Name of Person JOFERSON LLC Firm/Company 6965 PIAZZA GRANDE AVE SUITE 4 Address ORLANDO FL 32835 City/State and Zip Code MIGARCIA62@HOTMAIL.COM I address: (to be used for future armual report notifices, please call: 407 at (

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

JOSPERS	ON LLC		
(Name of the Limited Liability Compan- (A Florida Limited Lie	y as it now appears on our records.) ability Company)		
The Articles of Organization for this Limited Liability Company v	and assigned		
Florida document number L16000229010			
This amendment is submitted to amend the following:	and the second of the second o	**************************************	
A. If amending name, guter the new name of the limited liabil	ity company here:	, .	
The state of the s	ary variously was	<i>:</i>	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		17	
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable		<u> </u>	
(Malling address MAY BE A POST OFFICE BOX)		32 (1)	
(Manual Buggess MAT BE A POST OFFICE BOX)		N	
		2 :	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here. Name of New Registered Agent:		r the name of the nev	
New Registered Office Address:			
	Enter Florida street address Florida		
	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

Title	Name		Address	Type of Action
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