117000021457

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TALLAHASSEE, FLORIDA
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COVER LETTER

TO: Registration So Division of Cor			
JMF LITO	USA LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The analoged Articles of	Amendment and fee(s) are sub	mitted for filing	·
	·	-	
riease return all correspo	ondence concerning this matter	to the following:	
	GILVAM F DOS SANTO	S	
		Name of Person	
	GFS TAX & ACCOUNTI	NG SERVICES	7
		Firm/Company	FEB
	2005 W CYPRESS CREE	K ROAD STE 100	17 FEB -6 PM 3: 21
		Address	PH
	FORT LAUDERDALE FI	. 33309	بي 2
	GIL611@LIVE.COM	City/State and Zip Code	
	•	to be used for future annual report notifi	ication)
For further information of	concerning this matter, please ca	all:	
GILVAM F DOS SANT	ros	954 9408322	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 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)
Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	n ations nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JMF LITO USA LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number L17000021457	Company were filed on 01/26/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		1 PEC
(Principal office address MUST BE A STREET ADD)	RESS)	五 至
		PH
Enter new mailing address, if applicable:		- F ₁ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ
(Mailing address MAY BE A POST OFFICE BOX)		2 Rib
B. If amending the registered agent and/or registered agent and/or the new registered office add		er the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	
 -	City , r Iorida	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>	Name	Address	Type of Action
AMBR	JOSE O NETO	RUA MANOEL DE ALMEIDA	
		65/301	■ Remove
		RECIFE PE 52011-140 BR	□ Change
AMBR	JOSE DE MELLO O FILHO	RUA MANOEL DE ALMEIDA	■ Add
		65/301	□ Remove
		RECIFE PE 52011-140 BR	□ Change
			SEUR TAGE
			Remove SSX
			PA Change 21
			2 NDA
			_ □ Remove
			□ Change
			Add
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			Remove
			□ Change

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L ittect faπ ef	ive date, if other than the date of filing: (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207	(3)(h)
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as	the
locun	ent's effective date on the Department of State's records.	
e re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of	f:
The	90th day after the record is filed.	
Dated	JAŅUARY 30TH 2017	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00