

## Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet**L17000031774**

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## To:

Division of Corporations  
Fax Number : (850)617-6383

## From:

Account Name : US TAX CONSULTING INC  
Account Number : I20160000060  
Phone : (407)674-8969  
Fax Number : (407)674-8970

**\*\*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  
JGN USA LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$30.00

2022 MAY 19 PM 4:20

2022 MAY 19 AM 10:39

APPROVED  
AND  
FILED

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF  
JGN USA LLC

The Articles of Organization for this Florida Limited Liability Company were filed on 02/09/2017 and assigned Florida document number: L17000031776

Article I

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Article II

Enter new principal offices address, if applicable:  
(Principal office address *MUST BE A STREET ADDRESS*)

Enter new mailing address, if applicable:  
(Mailing address *MAY BE A POST OFFICE BOX*)

Article IV

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:

New Registered Office Address:

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

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May. 19. 2022 1:17PM

No. 6001 P. 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

Title	Name	Address	Type of Action
AMBR	ISADORA GUIMARAES	AV LEONARDO DE C. CASTELO BRANCO 4490	REMOVE <input checked="" type="checkbox"/>
		PARNABA, PI 64206-260 BR	ADD <input type="checkbox"/>

Title	Name	Address	Type of Action
AMBR	MARIA CLARA M GUIMARAES	AV LEONARDO DE C. CASTELO BRANCO 4490	REMOVE <input type="checkbox"/>
		PARNABA, PI 64206-260 BR	ADD <input checked="" type="checkbox"/>

C. If amending any other information, enter change(s) here: (attach additional sheets, if necessary)

D. 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: MAY 19, 2022

Signature of a member or authorized representative of a member

Jaime Neto

Typed or printed name of signee