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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.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **MVJR LLC**

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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: MVJR LLC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person: DANILO SANTANA

Firm/Company: US TAX CONSULTING INC

Address: 5401 S. KIRKMAN RD STE 135

City/State and Zip Code: ORLANDO, FL, 32819

support@ustaxconsulting.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANILO SANTANA

Name Person

(407) 203-1701

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 2661 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF MVJR LLC

The Articles of Organization for this Florida Limited Liability Company were filed on 03/17/2017 and assigned Florida document number.

Florida document number: L17000060685.

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."

Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 5401 S KIRKMAN RD STE 135, ORLANDO FLORIDA Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 5401 S KIRKMAN RD STE 135, ORLANDO FLORIDA

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. I am familiar with and accept the obligations of the position.

Signature	of N	ew Reg	istered	Agent,	if cha	inging
~~6	•			- 1.0		. 50

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
D. If amer	iding any other it	nformation, enter change(s) here: (Attach addit	ional sheets, if necessary.)
<u> </u>			

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: April 2154, 2017

Signature of a member of authorized representative of a member

RODRIGO CAVALCANTE (Accountant Assitant)

Typed or printed name of signee

17 APR 21 AM -0: 55