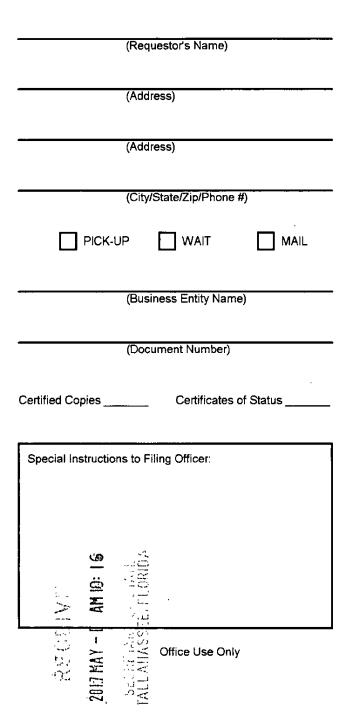
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MAY 0 , 2025

J SHIVERS

COVER LETTER

	Registration Se Division of Cor		V				
SUBJECT		JP US LLC	<i>e</i>				
SUBJECT	· ·	Name of Limited Liability Company					
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please retu	ırn all correspo	ndence concerning this matter	to the following:				
		DIANA ESPINAL					
			Name of Person				
		CLS GROUP US LLC					
			Firm/Company				
	8552 NW 64TH ST						
		Address					
		MIAMI, FL 33166					
	City/State and Zip Code						
		roberto@clsgroup.com.ar					
		E-mail address: (to be used for future annual report no	tification)			
For further	r information co	oncerning this matter, please co	all:				
DIANA E	SPINAL		305 587-3699				
	Name of	Person	Area Code Daytii	me Telephone Number			
Enclosed i	s a check for th	e 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)			

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

CLS GROUP US LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records. a Limited Liability Company))
The Articles of Organization for this Limited Liability C	Company were filed on FLORIDA	and assigned
Florida document number L17000063197	<u>_</u> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited 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 ADDI	RESS)	26
Enter new mailing address, if applicable:		SS 1 20.2
(Mailing address MAY BE A POST OFFICE BOX)		Tic 2
	#1049##100 -1148#11 - 1148	
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		enter the name of the new
the new registered office and	i Coo Mar C.	•
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	GOMEZ, ROBERTO C	8552 NW 64TH ST	Add
		MIAMI, FL 33166	_■ Remove
			☐ Change
MBR	RODRIGUEZ, DANIELA A	8552 NW 64TH ST	Add
		MIAMI, FL 33166	■ Remove
		4-4-4	☐ Change
			Add
			☐ Remove
			☐ Change
			□ Add
			Remove
			☐ Change
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			☐ Change

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The state of the s	
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be priotote: If the date inserted in this block does not meet the applicocument's effective date on the Department of State's records	(optional) or to date of filing or more than 90 days after filing.) Pursuant to 605.020 cable statutory filing requirements, this date will not be listed as
e record specifies a delayed effective date, but no The 90th day after the record is filed.	ot an effective time, at 12:01 a.m. on the earlier o
ated APRIL 20 , 2017	·
Signatura of a mawhar ar auft	norized representative of a member

Page 3 of 3

Filing Fee: \$25.00