

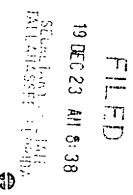
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COVER LETTER

TO: Registration S Division of Co			
	JSA SERVICES LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for tiling.	
Please return all corresp	ondence concerning this matter	to the following:	
		Name of Person	
	GOLDEN HILLS SERVIC	CES INC	
		Firm/Company	
	6925 LAKE ELLENOR D	R. SUITE 117	
		Address	
	ORLANDO, FL 32809		
		City/State and Zip Code	
	COORDINATOR@BIZNE E-mail address: (ZSOLUTIONS.COM to be used for future annual report not	ification)
For further information	concerning this matter, please c		
DANIEL RANGEL		321 806 5425	
Name	of Person	at ()	ne Telephone Number
Enclosed is a check for (the 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 Addre		Street Address:	
Registration Division of (Registration So Division of Co	
P.O. Box 633	27	The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CELLI'S USA SERVICES LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our Liability Company)	r records.)
The Articles of Organization for this Limited Liability Company Florida document number L18000010614	y were filed on $\frac{01/11/2013}{2}$	8 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited <u>liab</u>	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation	
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		23 T
(Mailing address MAY BE A POST OFFICE BOX)		⊕
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records	, enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	et address
		, Florida
	Cuy	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
MGR	GUSTAVO OLIVEIRA	7424 Lake Albert Dr, Windermere-FL 34786	🖹 Add
			□Remove
			□Change
-			□ Add
			Remove
			□ Change
			🗆 Add
			Remore
			Change
			□ CA □ CR≥move
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove

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	<u> </u>	
Effective date, if other than the date of filing:		
ne record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on thord is filed.	ne earlier of: (b) The 90th day after the	è
Dated 12/04/2019		
1) Le		
Signature of a member or authorized representative of a	member	