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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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(Bu	isiness Entity Nar	me)
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SECRETARY OF STATE
SECRETARY OF CORPURATION
ONVISION OF CORPURATION

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COVER LETTER

TO	: Registration Se Division of Cor					
	J&R EXPO	RTS LLC				
SUBJECT: Name of Limited Liability Company						
The	enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Plea	ase return all correspo	ndence concerning this matter	to the following:			
		JESUS CUE				
			Name of Person			
		WORLDWIDE BUSINES	S SOLUTION CORP			
			Firm/Company			
		6915 SW 57 AVE SUITE	222			
			Address			
		SOUTH MIAMI, FL 3314	3			
			City/State and Zip Code			
		JCUE@W-BSC.COM				
		h-mail address: (to be used for future annual report notifi	cation)		
For	further information ed	oncerning this matter, please ca	all:			
JES	SUS CUE		305 803-7777 at ()			
	Name of	Person	Area Code Daytime	Telephone Number		
Enc	losed is 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

J&R EXPORTS LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\underline{\underline{06/04/2018}}$ and assigned Florida document number L18000138287 This amendment is submitted to amend the following: 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 "LLC" 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) 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: Enter Florida street 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

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>	<u>Address</u>	Type of Action
AMBR	RENE I MONGRAGO	FRANCISCO MORANZAN	Add
		TEGUCIGALPA CASA 502	■ Remove
		TEGUSIGALPA HONDURA, HC	Change
			□ Add
			□ Remove
			Change
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Effective date, if other than	the date of filing	06/15/2018		(option:	al)	
If an effective date is listed, the dat Note: If the date inserted in the	e must be specific and	cannot be prior to	date of filing or mor	e than 90 days after fili	ing.) Pursuant to (505.0207
document's effective date on t			e statutory fiffing	requirements, ans u	ite will not be i	isicu us
ne record specifies a dela The 90th day after the		late, but not a	n effective tir	ne, at 12:01 a.n	n. on the ea	rlier of
JUNE 15 Dated		2018				
	7 11	`				
	1 / 0					
	C	marshar ar nutharia	ed representative of	f a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00