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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ALPHA BUSINESS CONSULTING, LLC

Account Number : I20080000061

: (407)582-9830

Fax Number

; (407)601-6393

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 JG USA GENERAL SERVICES, LLC

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	JG USA GEN	NERAL SERVICES, LLC					
SUBJECT:		Name of Limit	ed Liability Company				
The encloses	d Anicles of Ar	nendment and fee(s) are subn	nitted for filing.				
Please return	n all correspond	lence concerning this matter to	o the following:				
		MARIA PINHEIRO		!		_	
			Nume of Person	,		_	
		ALPHA BUSINESS CON	SULTING, LLC	·			
			Firm/Company			_	
		6412 W COLONIAL DR		:			
			Address	<u></u>		_	
		ORLANDO, FL 32818		!			
			City/State and Zip (Code			
		pinheiromaria@att.net	to be used for future a	onual report not	tientian)	•	
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		ncerning this matter, please co		592 092A			
MARIA PI	NHEIRO		407 at (582-9830	D'-1 - 1		
	Nume of	Person	Area Code	: Daytin	ne Telephone Numb	jer	
Enclosed is	a check for the	: following amount:					
□ \$25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Certified Co (additional copy	ру	Certifi Certifi	Filing Fee, cate of State ed Copy not copy is enc	
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ARTICLES OF AMENDMENT

ARTICLES OF ORGANIZATION 20 AFR 23 PM 3: 43

JG USA GENERAL SERVICES, 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 01/13/2020 and assigned Florida document number ______ 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 "L.L.C." 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 _, Florida City 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= M AMBR= A	anager uthorized Member	2020 APR 23 PH	3: 43
<u>Title</u> MGR	Name MARCELO FERREIRA DE SOU	Address A	Type of Action
	WARCELO PENNENA DE 000	ORLANDO, FL 32835	⊟Remove
			Change
MGR	WILFREDO O. J. HERNANDEZ	416 ENKA AVE	≅Add
		ORLANDO, FL 32835	□ Remove
	ı		Change
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amonding any other inform	nation, enter change(s) here: <i>(Attach a</i> ERREIRA DE SOUZA	dditional sheets if necessary D	- 4//
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record specifies a delayed efferd is filed.	ctive date, but not an effective time, at 12:0	1 s.m. on the earlier of: (b) The 90	oth day after the
Dated	2020		
	Signature of a member or authorized repres	entative of a member	
GEORGIA M GUE	DES SOUZA		
	Typed or printed name of s	i i	

Filing Fee: \$25.00