Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: GENERAL SOLUTIONS INC

Account Number: I20140000086

Phone

: (305)255-3310

Fax Number

: (305)255-3320

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

## PROMENTEUR BPO LLC

| Certificate of Status | 0  |
|-----------------------|----|
| Certified Copy        | 0  |
| Page Count            | 01 |
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SEP 2 8 2021 S. PRATHER Estimated Charge

\$25.00

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| PROMENTEUR BPO  | LLC  |                            | 2021<br>SEC<br>TALL            |
|---|--|----------------------------|--------------------------------|
| (Name of the Limited Liahii<br>(A Florid  | ity Company as it now appears a Limited Liability Company) | on our records.)           | FILE 276 SECRETARY TALLINHASSE |
| The Articles of Organization for this Limited Liability ( Florida document number L21000179318          | Company were filed on 04/1                                 | 9/2021                     | FE CO                          |
| This amendment is submitted to amend the following:   |  |                            | 1: 00<br>TATE<br>ORIDA         |
| A. If amending name, enter the new name of the lin  | nited liability company her                                | <u>re</u> :                |                                |
| JISUPAI TRADING LLC   |  |                            |                                |
| The new name must be distinguishable and contain the words "Lit   | nited Liability Company," the de                           | signation "LLC" or the abb | reviation "L.L.C."             |
| Enter new principal offices address, if applicable:   | N/A  |                            |                                |
| (Principal office address MUST BE A STREET ADD  | RESS)  |                            |                                |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                    |  |                            |                                |
| B. If amending the registered agent and/or register agent and/or the new registered office address here |  | cords, enter the name      | of the new registered          |
| Name of New Registered Agent: N/A   |  |                            |                                |
| New Registered Office Address:  |  |                            |                                |
| <del></del> -   | Enter Flori  | idu street address         |                                |
|   |  | , Florida                  | Zip Code                       |
|   | City   |                            | Zip Code                       |
| New Registered Agent's Signature, if changing Register  | ed Agent:  |                            |                                |
| I I wale the appointment on registered again  | t and agree to act in this c                               | anacity I further gar      | ee to comply with the          |

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

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09-24-21;04:59PM;General Solutions INC ;3052553320 ± 4/ 3 If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: H2/0003597263

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name               | Address          | Type of Action |
|--------------|--------------------|------------------|----------------|
| MGR          | CLAUDIA BARRIENTOS | 14352 SW 134 AVE | ■Add           |
|              |                    | MIAMI, FL 33186  | □Remove        |
|              |                    |                  | □Change        |
| MGR          | ELKIN BOHORQUEZ    | 14352 SW 134 AVE |                |
|              |                    | MIAMI, FL 33186  | ≅Remove        |
|              |                    |                  | ☐ Change       |
| MGR          | FREIDER ARROYAVE   | 14352 SW 134 AVE | DAdd           |
|              |                    | MIAMI, FL 33186  | ■Remove        |
|              |                    |                  | Change         |
|              |                    |                  |                |
|              |                    | □Remove          |                |
|              |                    |                  | Change         |
|              |                    |                  | □ Add          |
|              |                    |                  | □Remove        |
|              |                    |                  | □ Change       |
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|              |                    |                  | □Remove        |
|              |                    |                  | □Change        |

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| lective date, if other than the                 | e date of filing:  st be specific and cannot be prior to date of filing or more | (optional)   |
| ote: If the date inserted in this bl            | lock does not meet the applicable statutory filing re                           | than 90 days after filing.) Pursuant to 605.02 equirements, this date will not be listed |
| cument's effective date on the D                | repartment of State's records.  |  |
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| ccord specifies a delayed effectiv<br>is filed. | ve date, but not an effective time, at 12:01 a.m. on t                          | the eartier of: (b) The Soth day after th  |
|   |   | <b>7</b>   |
|   | 2021  | 2021<br>SEC  |
| SEPTEMBER 9                                     |   | _ ()   |
| ted SEPTEMBER 9                                 |   | 1 SE   |
| ted   | OB.   | SEP 2  |
| ted   | Signature of a member or authorized representative of a                         | SEP 27 HASSEE  |
| ted   | OB.   | SEP 2<br>HASS  |

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