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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

1: 24

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Account Name : RC TAX SERVICE LLC

Account Number : I20140000083 Phone : (407)932-0040 Fax Number : (407)520-5473

| Fax Number : (407)52

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

Email Address: Jinnelcheidoud.com

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

| Certificate of Status | 1       |
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| TO: Desistes        | tton Contla               |                    |  |
|                     | tion Section<br>of Corpor |                    |  |
|                     |                           |                    |  |
| SUBJECT:            | USA LLO                   |                    |  |
| SOBJECT: =          |                           | No                 | ame of Limited Liability Company   |
|                     |                           |                    |  |
|                     |                           |                    | ·  |
| The enclosed Art    | cles of Am                | endment and fee(   | (s) are submitted for filing.  |
| Please return all d | orresponde                | nce concerning t   | his matter to the following:   |
|                     |                           |                    |  |
|                     |                           | JINNEL HERRE       | EDA DOIAS  |
|                     |                           | JINNEL HERRE       |  |
|                     |                           |                    | Name of Person   |
|                     |                           | JCC USA LLC        |  |
| į                   | ļ .                       |                    | Firm/Company   |
|                     |                           |                    | 1 Rus company  |
|                     |                           | 1145 PACIFICA      | DR APT 201   |
|                     |                           |                    | Address  |
|                     | <u> </u>                  | '                  |  |
|                     |                           | KISSIMMEE, FI<br>I | TL 34744   |
|                     |                           |                    | City/State and Zip Code  |
|                     | J .                       | MNELCH@ICL         |  |
|                     | <b>-</b>                  | E-mai              | address: (to be used for future annual report notification)                                |
| For further inform  | nation conc               | eming this matter  | д, picase call:  |
| 1 of futured miles. |                           |                    |  |
| JINNEL HERRE        | RA<br>II                  |                    | 407 412-1305<br>at ()  |
|                     | Name of Pe                | rson               | Area Code Daytime Telephone Number   |
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| Enclosed is a che   | ck for the f              | ollowing amount:   | t:   |
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| Mallina             | Address:                  |                    | Street Address:  |
|                     | ation Sec                 | tion               | Registration Section   |
| Divisio             | n of Cor                  |                    | Division of Corporations   |
|                     | ဗိုx 6327                 | 20214              | The Centre of Tallahassee 2415 N. Monroe Street, Suite 810                                 |
| Tallah              | ässee, FL                 | 52314              | Tallahassee, FL 32303  |
|                     |                           |                    | 1 diminuboo, 1 20 0000   |
|                     |                           |                    |  |

## ARTICLES OF AMENDMENT TO

|                                    |   | A                                  | RTICLES OF ORGANIZATION  |
|------------------------------------|---|------------------------------------|--|
|                                    |   |                                    | OF   |
|                                    |   |                                    |  |
| )(<br><del></del>                  | CUSA LI                                       |                                    | Imited Liability Company of it now appears on purposed )   |
|                                    |   | (THATHE OF THE                     | Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)   |
|                                    |   |                                    | ed Liability Company were filed on 01/12/2022 and assigned   |
| Florida documer                    | it number .                                   | L22000027379                       |  |
| This amendment                     |   |                                    | following:   |
| A. If amending                     | name, <u>en</u>                               | ter the new nar                    | ne of the <u>limited liability company here</u> :  |
| JCC USA FLORI                      | DA LLC  |                                    |  |
|                                    | 1   | shable and contain                 | the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."  |
| Enter new prin                     | cinal offic                                   | oo address if ur                   | mlicable:  |
| •                                  | 1 -   | 1                                  | REET ADDRESS)  |
| (Frincipal office                  | <u>                                      </u> | USI BE ASU                         | REET ADDICESS)   |
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| (Mailing addres                    | <u>S MAY BE</u>                               | A POST OFFI                        | CE BOX)  |
|                                    |   |                                    |  |
|                                    | <br> i <sub>-</sub>                           |                                    | A CONTRACTOR OF THE CONTRACTOR |
| B. If amending agent and/or th     | the regist                                    | ered agent and<br>stered office ad | or registered office address on our records, <u>enter the name of the new registered</u>   |
| agent and/or th                    |   | Stelled billet at                  | With the second  |
| N.T.                               | <br>  |                                    |  |
| <u>Name (</u>                      | <br>  | gistered Agent:                    |  |
| New R                              | egistered (                                   | ffice Address:                     | Enter Florida street address   |
|                                    |   |                                    | Enter Florida Street address   |
|                                    |   |                                    | , Florida  |
|                                    |   |                                    | ,  |
|                                    | 11  | Ì                                  | ng Registered Agent:   |
| I hereby accept                    | the appoi                                     | intment as regis                   | stered agent and agree to act in this capacity. I finther agree to comply with the<br>proper and complete performance of my duties, and I am familiar with and   |
| provisions of all accept the oblid | rations of                                    | my position as                     | registered agent as provided for in Chapter 605, F.S. Or, if this document is  |
| being filed to m                   | erely refl                                    | ect a change in                    | the registered office address, I hereby confirm that the limited liability   |
| company has be                     |   |                                    |  |
|                                    |   |                                    |  |
|                                    |   |                                    |  |
|                                    |   |                                    | If Changing Registered Agent, Signature of New Registered Agent  |

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| ir amending .<br>or removed f | Authorized<br>rom our rec | Person(s) auth<br>ords: | orized to mana | ge, <u>enter the title, name, and</u> | address of each person being adde |
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| D. If am                   | endin        | any othe         | r information,                          | enter change(s) here: (Attach additional sheets, if necessary.)                        |
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| <u>Note:</u>               | If the       | date inserte     | d in this block do                      | of filing:   |
| If the recorderecord is fi |              | ifics a delay    | red effective date                      | but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| Dated                      | 28 FE        | BRUARY           |   | 2022   |
|                            |              |                  | Jinnel                                  | Parcaco  |
|                            | _            |                  | Signat                                  | nire of a member or authorized representative of a member                              |
|                            | JI<br>1      | <br>NNEL HEI<br> | RRERA ROJAS                             |  |
|                            | _            |                  |   | Typed or printed name of signec  |