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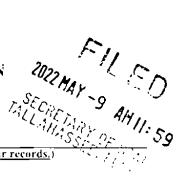
SECRETARY OF SHE

COVER LETTER

TO:	Registration Sec Division of Corp			
_		JES BUSINESS LLC		
SUBJE	.CT:	Name of Limit	ed Liability Company	
The end	closed Articles of A	amendment and fee(s) are subn	nitted for filing.	
		ndence concerning this matter to		
		CARLA R COELHO ROD	RIGUES	
			Name of Person	
			Firm/Company	
		1929 SOUTH KIRKMAN		
			Address	
		ORLANDO, FL 32811		
			City/State and Zip Code	
		info@openbizfile.com E-mail address: (6	o be used for future annual report no	uitication)
For fu	rther information c	oncerning this matter, please co		
CARI	JA R COELHO RO	DDRIGUES	407 5026450 at ()	
	Name o	f Person	Area Code Dayti	ine Telephone Number
Enclo	sed is a check for the	ne 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 Registration Division of C P.O. Box 63: Tallahassee,	Section Corporations 27	Street Address: Registration S Division of C The Centre o 2415 N. Mon	Section 'orporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



C RODRIGUES BUSINESS 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 Organization for this	Company were filed on 01/27/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
RODRIGUES & FERREIRA DOCES E SALGADOS LLC The new name must be distinguishable and contain the words "Lin		the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BON)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here: Name of New Registered Agent:	d office address on our records, <u>enter the</u>	name of the new registered
New Registered Office Address:		
	Enter Florida street address	
	, Floric	laZip Code
New Registered Agent's Signature, if changing Registere		•
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c accept the obligations of my position as registered a being filed to merely reflect a change in the registere company has been notified in writing of this change.	complete performance of my duties, and I gent as provided for in Chapter 605, F.S	am familiar with and . Or, if this document is

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
AMBR	Valmir Antonio Ferreira	1929 South Kirkmam RdApto 136 Orlando -FL, 328	11 ≡ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			[]Change
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			Remove
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			□Change

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	Sig	made of a member of unit	0		

Filing Fee: \$25.00