## L23000004116

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	
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Office Use Only



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## **COVER LETTER**

Registration Section Division of Corporations

TO:

CHDIFOT.	JE	TAP LLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
		MELANIE INIGO		
		Name of Person		
		B9M1AM1		
		Firm/Company	<del></del>	
	825 BRICK	IELL BAY DR #948		
		Address		
		MIAMI FL 33131		
		City/State and Zip Code		
	MIN	IIGO@BNINEMIAMI.COM		
	E-mail address: (	to be used for future annual report not	ification)	
For further information c	oncerning this matter, please c	all:		
MELA	NIE INIGO	786 678-9588		
Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	ne following amount:			
\$25.00 Filing Fee	\$\infty\$\$ \$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)	
P.O. Box 632	Section Corporations 17		rporations Tallahassee	
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	JETAP		
( <u>Name of the Limit</u>	ed Liability Compa (A Florida Limited l	ny as it now appears liability Company)	on our records.)
The Articles of Organization for this Limited Li lorida document number	ability Company	were filed on	01/05/2023 and assigned
this amendment is submitted to amend the follo	owing:		
a. If amending name, enter the new name of	the limited liab	ility company her	<u>e</u> :
N/A			
he new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the de-	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	825 BRICKELL	BAY DR #948
(Principal office address MUST BE A STREET ADDRESS)		MIAMI FL 33131	
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE	<u>B<i>O</i>X)</u>	825 BRICKELL MIAMI FL 3313	
3. If amending the registered agent and/or regent and/or the new registered office address  Name of New Registered Agent:	• /	address on our re	cords, enter the name of the new regis
New Registered Office Address:	825 BRICKEL	L BAY DR #948	
The Tregistered Office Address.	<del></del>	Enter Flori	da street address
	MIAMI		Florida 33131
		City	Zip Code

## 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.

Melanie Luiso

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>	Address	Type of Action
MGMB	EDGARD TAKESHI HORITA	ALAMEDA DOS GUATAS, 117	
		APT 11	<b>В</b> Remove
		SP-04053-040-BRAZIL	
SECRETARY	MELANIE INIGO	825 BRICKELL BAY DR #948	
		MIAMI FL 33131	□Remove
			Change
			□Add
			□Remove
			Change
		-	□Adđ
			□Remove
			Change
		-	□Remove
			Change
		<del> </del>	ClAdd
			□Remove
			□Change



-	
	<del></del>
affective	date, if other than the date of filing:
an effectiv	we date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
	s effective date on the Department of State's records.
record sr	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
d is filed.	
Dated M/	ARCH, 23rd 2023
	Signature of a member or authorized representative of a member

Typed or printed name of signee