Florida Department of State 1607

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAP SOLUTIONS INC Account Number : I20210000103 : (786)615-3057 : (786)615-3058 Fax Number

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN J & G INTERNATIONAL SERVICES LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J & G INTERNATIONAL SERVICES LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on <u>07/25/2023</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the a	bbreviation "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 agent and/or the new registered office address here:	address on our records, enter the nai	nc of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address Florida	PH 3: 44
	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.

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
MGR	GIANCARLO CORNELLI	2415 NW 16TH ST RD APT 410	□Add
		MIAMI, FL 33125	■Remove
			□Change
AMBR	G!ANCARLO CORNELLI	212 NW 11TH ST APT 214	= Add
		MIAMI, FL 33136	□Reinove
			□Change
AMBR	JESUS A. ROCHA RAMO	212 NW 11TH ST APT 214	≣ Add
		MIAMI, FL 33136	□Remove
			□Change
			□Remove
			□ Change
			□∧dd
			□ Remove
			Change
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			□ Remove
			□ Change

							
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record spec l is filed.	ifics a delayed effectiv	e date, but not	nn effective ti	me, at 12:01 a	.m. on the earlie	er of: (b) The	90th day after the
ated NOV	ÉMBER 21		. 2024	······································			
	-sauf-						
3 ₹:	SUS AL ROCHA RAMO (Nov 21, 2024	Signature of a r	member or autho	rized representa	ntive of a member		