L23000401524

| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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TO:

| TO: Registration So Division of Cor | | | | | |
|--|--|---|--------------------|--|--|
| | JM | 4 US LLC | è | | |
| SUBJECT: | Name of Lim | nited Liability Company | <u>.</u> | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | | | |
| Please return all correspo | ondence concerning this matter | to the following: | | | |
| | | Javier Banos Machado | | _ | |
| | | Name of Person | | | |
| | L | aw Services Center, P.L.L.C. | | | |
| | | Firm/Company | | _ | |
| | | 3006 Aviation Avenue | | 2021 SE | |
| | | Address | | ACE AND | |
| | | Coconut Grove, FL 33133 | | 2024 HOV 26 SECRETARY | |
| | City/State and Zip Code | | | | |
| | _ | avierb@banoslawfirm.com | | 2) (1 - 2) 21 - 2) | |
| For further information c | E-mail address: (oncerning this matter, please c | to be used for future annual report not all: | tification) | 12 12 12 12 12 12 12 12 12 12 12 12 12 1 | |
| Javier Bano | s Machado | 786 | 465-7515 | | |
| Name o | f Person | | ne Telephone Numbe | er | |
| Enclosed is a check for t | he following amount: | | | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed) | Certifie | te of Status & | |
| <u>Mailing Addres</u> Registration | | <u>Street Address:</u> Registration Se | ection | | |
| Division of C | | Division of Co | | | |
| P.O. Box 632 | 2.7 | The Centre of | | 310 | |
| Tallahassee, | FL 32314 | 2415 N. Monro | oe Street, Suite 8 | 810 | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| JM4 US LLC | | | | |
|---|---|--------------------------|-------------|-------------|
| (Name of the Limit | ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company) | | _ | |
| The Articles of Organization for this Limited Li Florida document number L23000401524 | | and | d assig | ned |
| This amendment is submitted to amend the follo | | | | |
| A. If amending name, enter the new name of | the limited liability company here: | | | |
| 5C US LLC | | | | |
| The new name must be distinguishable and contain the w | ords "Limited Liability Company," the designation "LLC" or the | abbreviatio | ո "ե.ե. | Ü." |
| Enter new principal offices address, if applica | able: | | | |
| (Principal office address MUST BE A STREE | T ADDRESS) | | | |
| | | | | |
| | | | | |
| Enter new mailing address, if applicable: | | | | |
| Mailing address MAY BE A POST OFFICE A | <u></u> | | | |
| | egistered office address on our records, enter the na | 35 | ว ถ? | |
| | | CR CR | 至 | |
| B. If amending the registered agent and/or re | egistered office address on our records, enter the na | me of the | frew 1 | egistere |
| agent and/or the new registered office addres | s here: | 김취 | 95 | • • |
| | | Sico | | : |
| Name of New Registered Agent: | | 71177 173 <i>:7</i> 2 | | ر: ٔ |
| | | 71.77 | | _ |
| New Registered Office Address: | Enter Florida street address | <u></u> | 2 | |
| | Latter 1 for the Societ Children | | | |
| | , Florida _ | Zin C | . , | |
| | Cin | Zin C | esetus. | |

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 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 |
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| fective da | ate, if other than the date of date is listed, the date must be spec- | of filing: | | (option | nal) | (NE 1)34 |
| ote: If the | date inserted in this block doe | es not meet the applicable | ate of filing or more that e statutory filing requ | irements, this | date will not be | listed a |
| cument's | effective date on the Departme | ent of State's records. | | | | |
| ecord spec | cifies a delayed effective date, | but not an effective time. | at 12:01 a.m. on the | earlier of: (b) | The 90th day | after the |
| is filed. | · | | | | | |
| | November 21 | 2024 | Λ | | | |
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Filing Fee: \$25.00