L24000115569

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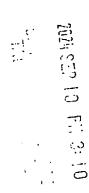
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TO:	Registration Se Division of Cor			ĭ	· į.
SUBJI	JS ALOISI	- ⁷ 3, E			
30131		Name of Lin	nited Liability Company		
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
		JOAO SANTOS			
			Name of Person		
			Firm/Company		
		13701 SW 88TH ST SUF	TE 207		
			Address		
		MIAMI, FL. 33186			
		into@globalmigraus.com	City/State and Zip Code		
			to be used for future annual i	report notification	1)
For fur	ther information c	oncerning this matter, please c	ail:		
JESUS	S MARTINEZ		786 254	17216	
	Name o	f Person	Area Code	Daytime Telep	hone Number
Enclos	ed is a check for th	ne following amount:			
□ S2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enc		\$60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed)
					2024 C. P.
	Mailing Addres	<u>s:</u>	Street Ad	<u>ldress:</u>	- :ر-

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JS ALOISE LLC				
(Name of the Lin	aited Liability Comp (A Florida Limited	any as it now appear Liability Company)	s on our records.)	
The Articles of Organization for this Limited Florida document number 1.24000115569	Liability Compan	y were filed on $\frac{036}{2}$	06/2024	and assigned
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited lia	bility company he	ere:	
N/A				
The new name must be distinguishable and contain the	words "Limited Liab	oility Company," the d	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	N/A		
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or agent and/or the new registered office address	registered office	N/A address on our re	ecords, enter the na	ne of the new registere
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
		Enter Flor	ida street address	
	N/A			JA Zip Code
		City		Zip Code
New Registered Agent's Signature, if changing	Registered Agent	<u>:</u>		
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg- being filed to merely reflect a change in the company has been notified in writing of thi	per and complete gistered agent as e registered office	e performance of provided for in C	my duties, and Lam Thapter 605, F.S. Or	familiar with and ;;; 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>	<u>Name</u>	Address	Type of Action
AMBR	SURTIDORA RECORD CA	Federal Route, way to Acarigua city, Los Naranjillos	` ≣ Add
		City of Los Rastrojos, Lara State, 3023. Venezuela	□Remove
			_ 🗆 Change
AMBR	JOAO SANTOS	6201 SW 157TH PL MIAMI, FL. 33193	≣ Add
			□Remove
			□Change
			□Add
			DRemove
			_ □Change
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		——————————————————————————————————————	2 □ Remove
			_ Change
			_ □Add! : : :: :: :: :: :: :: :: :: :: :: :: :
			□Change

- Addition of New Members	s: Effective as of 08/01/2024 the following individual is hereby added as members
JS Aloise LLC:	
1- New Member Name: Surt	tidora Record CA: Address: Federal Route, way to Acarigua city, Los Naranjillos,
City of Los Rastrojos, Lara	State, 3023. Venezuela: Capital Contribution; \$175,000,00; Percentage of
Membership Interest: 70%; 7	Title: Authorized Member.
2 - Existing Member Name:	Joao Inacio Santos Da Corte: Address: 6201 SW 157TH PL MIAMI, FL. 33193;
Capital Contribution: \$750.0	000.00; Percentage of Membership Interest: 30%; Title: Authorized Member
	08/15/2024
	e date of filing: (optional) ist be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant
flective date is listed, the date must. If the date inserted in this bl	slock does not meet the applicable statutory filing requirements, this date will not be Department of State's records.
ffective date is listed, the date must. If the date inserted in this blument's effective date on the D ord specifies a delayed effective	
ffective date is listed, the date must. If the date inserted in this blument's effective date on the D ord specifies a delayed effectivited.	Department of State's records. ve date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day
ffective date is listed, the date must. If the date inserted in this blument's effective date on the D ord specifies a delayed effectivitled.	Department of State's records.
i If the date inserted in this blument's effective date on the D	Department of State's records. ve date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day

Filing Fee: \$25.00