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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : TAP SOLUTIONS INC Account Number : 120210000103 Phone : (786)615-3057 Fax Number : (786)615-3058

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

Email Address: info@tapsolution.net

J&E CONSULTING PARTNERS, LLC

Certificate of Status	1
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Page Count	04
Estimated Chargo	\$30.00

Help AUS 2 8 2024

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	City		Zip Cods
	MIAMI	, Florida ³³¹	78
	E	nter Florida street address	
New Registered Office Address:	10461 NW 82ND ST UNI	Т 2	
Name of New Registered Agent:	ERICK IZURIETA		
agent and/or the new registered office addre		rour records, <u>enter the name</u>	G THE NEW TERISTETE
B. If amending the registered agent and/or	registered office address or	our records enter the name	i = D
}			<u> </u>
(Mailing address MAY BE A POST OFFICE	BOX)	·	2
Enter new mailing address, if applicable:			24 60 - 17
(Principal office address MUST BE A STREA	ET ADDRESS)		
Enter new principal offices address, if appli	cable:		
The new name must be distinguishable and contain the	words "Limited Liability Compan	y," the designation "LLC" or the abb	reviation "L.L.C."
A. If amending name, enter the new name of	of the limited liability comp	any here:	
This amendment is submitted to amend the fol	lowing:		
Florida document numberL24000266928	·		
The Articles of Organization for this Limited I		on 06/11/2024	and assigned
	(A Florida Cimitea Chapility Col	припу)	
(Name of the Lim	ited Liability Company as it ney (A Florida Limited Liability Cor	appears on our records.)	
J&E CONSULTING PARTNERS	LLC		

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 filled 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

Title	<u>Name</u>	Address	Type of Action
AP	JOEL M IZURIETA	10461 NW \$2ND ST UNIT 2	□Add
		MIAMI, FL 33178	■Remove
			©Change
AMBR	ERICK IZURIETA	10461 NW 82ND ST UNIT 2	≣Add
		MIAMI, FL 33178	□Remove
	.		□Add
`			Remove
			DbA□
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