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EXAMINER

11 APR -7 AM 9: 20

SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	CROSS BORDER	RS INTERNATIONAL, I	_Lc.			
	Name of Lim	nited Liability Company				
The enclosed Article	es of Amendment and fee(s) are su	bmitted for filing.	1 PR			
Please return all correspondence concerning this matter to the following:						
			70,			
		James D. Edouard				
Name of Person						
Cross Borders International, LLc						
Address						
	6	Boca Raton, FL 33432				
		City/State and Zip Code				
	F mail addrage	jamde6@yahoo.com (to be used for future annual report not	(Caption)			
For further informat		•	inteation)			
roi turmer informat	ion concerning this matter, please	can;				
	ames D. Edouard	at (_954_)	655-9128			
Na	ame of Person	Area Code & Daytin	me Telephone Number			
Enclosed is a check	for the following amount:					
\$25.00 Filing Fe	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	Sed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
MAILING ADDRESS: Registration Section Division of Corporations			RIER ADDRESS:			
		Registration Section Division of Corporation				
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive C Tallahassee, FL 3	Center Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CROSS BORD	ERS INTERNATION	NAL, LLc.	
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appea a Limited Liability Company)	rs on our records.)	1 188
(A Floric	a Elimica Elability Company)		70 The
The Articles of Organization for this Limited Liability	Company were filed on	01/20/2011	and assigned
Florida document number L11000008559			
Tiorida document number	·		1
This amendment is submitted to amend the following:			and assigned on 20
A. If amending name, enter the new name of the li	mited liability company he	<u>re</u> :	
The new name must be distinguishable and end with the v	vords "Limited Liability Comp	any," the designation "L	LC" or the abbreviation
"L.L.C."			
Enter new principal offices address, if applicable:			
• • •			
(Principal office address MUST BE A STREET AD)	<u> </u>		
	<u></u>		
Enter new mailing address, if applicable:		•	
(Mailing address MAY BE A POST OFFICE BOX)			
(Muning duaress MAT BE A POST OFFICE BOX)			
B. If amending the registered agent and/or reg		our records, <u>enter t</u>	he name of the new
registered agent and/or the new registered office ac	iaress nere:		
Name of New Registered Agent:			· · · · · · · · · · · · · · · · · · ·
No. Do. 144 1 1 000 1 4 1 1			
New Registered Office Address:	Fv	ter Florida street addi	
	Emer Florida street adaress		
	8 <u>M. 1878</u>	, Florida	
	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 608, 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

\(\frac{1}{4}\) If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Connektel Communications	951 NW 4th Court Boca Raton, FL 33432	Add _ ✓ Remove
MGR	Cort Gomes	286 NE 57th Street Miami, FL 33137	Add ☑ Remove
MGR	Moshe Vaknin	17971 Biscayne Blyd Ste 219 Aventura, FL 33160	_☑ Add Remove
MGRM	James D Edouard	951 NW 4th Court Boca Raton, FL 33432	Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	
			_
_			-
Dated	Jan, JE		
	f 1	r or authorized representative of a member	
	Typed	or printed name of signee	· · · · · · · · · · · · · · · · · · ·
	\]		

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Filing Fee: \$25.00