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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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EXAMINER

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COVER LETTER

TO: Registration Division of C					
SUBJECT:	CROSS BORDER	S INTERNATIONAL,	LLC		
		ted Liability Company		•	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	•		
Please return all corres	pondence concerning this matter	to the following:			
		Name of Person		_	
		Name of Person			
CROSS BORDERS INTERNATIONAL, LLC			201		
		Firm/Company		ZOIL MAY	17
	9	951 NW 4th COURT		7 19	A contract.
		Address			m
	BO	CA RATON, FL 33432			Signal and the signal
City/State and Zip Code					
	ja	amde6@yahoo.com		, -	
	E-mail address: (t	o be used for future annual report r	otification)	-	
For further information	concerning this matter, please c	all:			
	MES EDOUARD	at (_954_)	655-9128		
Name	of Person	Area Code & Day	rtime Telephone Numb	ner	
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certific esed) Certific	Filing Fee, cate of Status & ed Copy onal copy is encl	osed)

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company (A Florida Limited Liability	Y as it now appear	s on our records.	
he Articles of Organization for this Limited Liability Company w			and assigned
lorida document numberL1100008559			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liabili	ity company her	e:	
he new name must be distinguishable and end with the words "Limite	ed Liability Compa	ny," the designation "LL	C" or the abbrevi
L.L.C."		مي 🚾	20
nter new principal offices address, if applicable:		<u>- [-</u>	many 1971 (prop
<u>Principal office address MUST BE A STREET ADDRESS)</u>		至為	
			9
nter new mailing address, if applicable:		33	<u>е</u> О
Mailing address MAY BE A POST OFFICE BOX)		हुन	Ŧ
. If amending the registered agent and/or registered offic	ce address on o	ur records, <u>enter the</u>	e name of the
egistered agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		, Florida	
	City		7in 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

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 **Title** <u>Name</u> **Address** Type of Action **MGRM** EG Group International, LLc 951 NW 4th COURT ☐ Add Remove **BOCA RATON, FLL 33432** USA_ MGR MOSHE VAKNIN 17971 BISCAYNE BLVD., SUITE 219 AVENTURA FL 33160 USA____ MGR Emirates International Hold 951 NW 4th COURT Emirates International BOCA RATON, FL 33432 □ Remove USA.... Holdings, Ltd. Add Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **MAY 16** Dated Signature of a member or authorized representative of a member JAMES D. EDOUARD Typed or printed name of signee Page 2 of 2

Filing Fee: \$25.00