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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Cross-Brands Manufacturing, LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Catating Zuniga Name of Person	
Cross-Brands Manufacturing, LLC	
851 Greensboro Road Address	公司
Cocoa, TI: 33936	
E-mail address: (to by used for future annual report notification)	ELCRICA
For further information concerning this matter, please call:	7
Custing Zonigg at (391) 735-82-00 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$\square\$ \$\squa	

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

Cross Brands (Name of the Limited)	Liability Company as it now appears on our Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liabi Florida document number <u>L 16000598</u>		34 2016 and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	area (
(Principal office address MUST BE A STREET A	ADDRESS)	16 SEI
		26 P
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	<u> </u>
.		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered offic		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
		. 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 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:

rom our records:		
nager thorized Member		
<u>Name</u> .	Address	Type of Action
James Marcer	851 Greensboro Road	🗆 Add
	Cocoa, Fl. 32926	Remove
		Change
		🗆 Add
	nager thorized Member <u>Name</u>	nager thorized Member Name Address James Mercer 851 Greensbord Road

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Filing Fee: \$25.00