

LI8 000 172 055

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

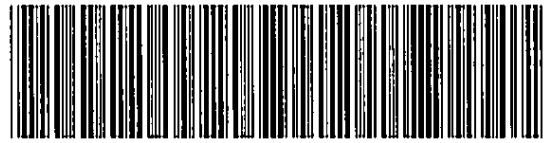
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/15/19--01038--005 \$42.75

07/13/19--JUL 15--011 \$1.20

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JUL 15 2019

2019 JUL 15 PM 1:40

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JUL 24 2019

M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JEBC PHARMA USA 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:

LUIS BARRERO
Name of Person
[Signature]
Firm/Company
1500 NE 4th St. Apt B
Address
Pompano Beach, FL 33060
City/State and Zip Code
jebcpharma@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Virgilio A. Clarac at (786) 8567377
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount: \$ 11.25

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

JEBC PHARMA USA LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned Florida document number L 18000 17055.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1500 NE 4th St. Apt B
Pompano Beach, FL. 33060

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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2019 JUL 15 PM 1:50
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF
DADE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Janessa P Villa

New Registered Office Address:

2569 Lincoln Ave. Miami, FL. 33133

Enter Florida street address

Miami

City

Florida

33133

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:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Virgilio A. Clarac	1500 NE 4th Street	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

DEPARTMENT OF STATE
FILING OFFICE

2019 JUL 15 PM 1:40

FILED

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated July 09, 2019.

Signature of a member or authorized representative of a member

Luis Borrero

Handwritten signature of Luis Borrero

Typed or printed name of signee

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

THIS ARTICLE ESTABLISHES THAT FROM THE DATE OF OPENING

UNTIL OTHER AGREEMENT IS ACCEPTED, THE ACTIONS, PROFITS

OR LOSSES OF THIS CORPORATION WILL BE PROPERTY OF THE

OWNERS IN THE FOLLOWING QUANTITIES, LUIS ERNESTO

BORRERO, MBR WILL BE A 98% AND VIRGILIO ANTONIO CLARAC,

MBR, I WILL CORRESPOND YOU 2%.

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)