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- COVER LETTER

JAB-CROSS, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filling. Please return all correspondence concerning this matter to the following: HAYDEE PABON Name of Person Firm/Company 848 BRICKELL KEY DR. APT. 805 Address MIAMI, FLORIDA 33131 City/State and Zip Code hlpo2912@icloud.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: HAYDEE PABON 786 286-6615 Name of Person Area Code Daytime Telephone Number 2 Enclosed is a check for the following amount: ■ \$255.00 Filing Fee \$60.00 Filing Fee Certificate of Status Certificate of Status & Certificate Opy Certificate of Status &	TO: Registration Se Division of Co		b)' .	A.	r _e e		
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Mailing Address: Registration Section Registration Section	Registration	Section	Registr	ation Section			
Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee		•		•			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JAB-CROSS, LLC					
(Name of the Limit	ted Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited L Florida document number	iability Company	were filed on	and assigned		
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name o	f the limited liab	ility company here:			
The new name must be distinguishable and contain the w	vords "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."		
Enter new principal offices address, if applic	able:	848 BRICKELL KEY DR. APT. 8	05		
(Principal office address MUST BE A STREET ADDRESS)		MIAMI, FLORIDA 33131			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		848 BRICKELL KEY DR. APT. 8 MIAMI, FLORIDA 33131	05		
B. If amending the registered agent and/or r		address on our records, enter the	name of the new registere		
agent and/or the new registered office addre	<u>ss here</u> :		A 11:		
Name of New Registered Agent:			211		
New Registered Office Address:	3350 VIRGINI	A STREET SUITE 500			
_		Enter Florida street address			
	MIAMI	, Florid			
		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 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>	Type of Action
MGR	JOSE ALEJANDRO HURTADO	848 BRICKELL KEY DR. APT. 805	
			≣Add
		MIAMI, FLORIDA 33131	
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Effective date, if other tha	7/7/ in the date of filing:		lant	ional)
I an effective date is listed, the d	ate must be specific and cannot	be prior to date of filing	opt g or more than 90 days afte	r tiling.) Pursuant to 605 0207
Note: If the date inserted in document's effective date on	the Department of State's	e applicable statutory records,	filing requirements, th	is date will not be listed as
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e record specifies a delayed end is filed.	ffective date, but not an effi	ective time, at 12:01	a.m. on the earlier of: (l	b) The 90th day after the
JULY 7	202	I		
Jated		•		
Dated	1. 0.1			
Vaya	14 Pal			
HAYDEE PABON	Signature of a member	or authorized represen	tative of a member	