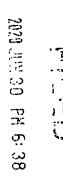
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AUG 13 2020 S. YOUNG

COVER LETTER

то:	Registration Se Division of Cor			v
SUBJE	JAJĄ _/ USA	LLÇ,	:	r e
SOBJE	C1.		ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		SERGIO JARAMILLO		
			Name of Person	
			Firm/Company	
			Address	
		TAMARAC, FL 33321		
			City/State and Zip Code	,
			to be used for future annual repor	notification)
For furtl	her information c	oncerning this matter, please c	all:	
SERGIO	O JARAMILLO		at ()	
	Name o	f Person	Area Code D	aytime Telephone Number
Enclose	d is a check for th	ne following amount:		
≡ \$25	.00 Filing Fee	■ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S		Street Addre Registratio	
	Division of C			Corporations

P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JAJA USA LLC		7676
(Name of the Limited I (A I	iability Company as it now appears on our re- lorida Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liabi	lity Company were filed on $\frac{03/04/2020}{}$	and assigned
Florida document number 1.20000072521		9
This amendment is submitted to amend the following	ng:	သွ
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or registered and/or the new registered office address h		iter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street aa	ldress
_		. Florida
	Cuy	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>	Address	Type of Action
MGR	ANAIR MILLAN	10217 NW 80TH DR TAMARC FL 33321	= Add
			□Remove
			□Change
			□ Add
			□Remove
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(If an effe - <u>Note:</u>	ve date, if other than the date of filing:
ne record ord is file	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 ed.
Dated 5	<u> </u>
	* 6 / 6 /
	Signature of a member or authorized representative of a member
	Sersio Saramillo Typed or printed name of signee