## K210000221777

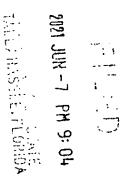
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## **COVER LETTER**

	gistration Serision of Cor	porations ·		
SUBJECT:	JBA USA.			
SOBJECT.		Name of Lim	ited Liability Company	
The enclosed	I Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		JORGE L. BARZOLA		
			Name of Person	
		JBA USA, LLČ		
			Firm/Company	<del></del>
		990 BISCAYNE BLVD S	TE 501-16	
			Address	
		MIAMI, FLORIDA, 3313	2	
			City/State and Zip Code	<del></del>
		jbarzola@jbaitsolutions.cr		
		E-mail address; (	to be used for future annual report no	otification)
For further i	nformation c	oncerning this matter, please ca	all:	
CARLOS C	HAN		786 389-8443	
	Name o	f Person	Area Code Dayt	ime Telephone Number
Enclosed is	i check for th	ne following amount:		
□ \$25.00 I	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)
	iling Addres gistration 5		Street Address: Registration S	Section
Di	vision of C	orporations	Division of C	orporations
	). Box 632 Ilahassee, F		The Centre of 2415 N. Mon	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

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

JBA USA, LLC					
(Name of the Limited Liability ( A Florida Li	Company mited Lia	as it now appears on our records.) bility Company)		<del></del>	
The Articles of Organization for this Limited Liability Con-	npany w	ere filed on 05.12.2021	a	nd assig	med
Florida document number L21000221777					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	d liabilit	ty company here:			
The new name must be distinguishable and contain the words "Limited	l Liability	Company," the designation "LLC" or	the abbreviat		C."
Enter new principal offices address, if applicable:	<u>.</u>	9010 SW 137 AVE SUITE 214	1,	2021	
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u> _	MIAMI, FLORIDA, 33186	٠ ٠ ٠		. i
	-			<u> </u>	
Enter new mailing address, if applicable:		9010 SW 137 AVE SUITE 214		PM 9	
(Mailing address MAY BE A POST OFFICE BOX)	-	MIAMI FLORIDA, 33186	(A)	. 04	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:			name of t	<u>he new</u>	registere
Name of New Registered Agent: JORGE L	BARZ	OLA			
New Registered Office Address: 9010 SW	137 AV	E. SUITE 214			
		Enter Florida street address			
MIAMI		, Florid	la 33186		
		City	Zip	Code	

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.

Jorge Luis Barzola
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>	Address	Type of Action
MBR	LUIS M POYATO	990 BISCAYNE BLVD STE 501-16	□Add
		MIAMI FLORIDA, 33132	≣Remove
			[]Change
			□Add
			□Remove
			NOT THE STATE OF T
			Remove
			PAdd  Othange  Add  Add
			□Remove
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			□Change
			□Add
			□Remove
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ocument's effective date on in-	e Department of State's records.	
	ories has been a second of the second 12-01 and	on the earlier of: (b) The 90th day after
	etive date, but not an effective time, at 12:01 a.m.	
l is filed.	2021  Signature of a member or authorized representative	

Filing Fee: \$25.00