h22000231612

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SECRETARY OF STATE

COVER LETTER

TO: Registration 8 Division of Co					
JEABRA SUBJECT:	LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	oondence concerning this matter	to the following:			
	MIRNA DIAZ				
		Name of Person			
	ABIAS CONSULTING E	∛C			
	<u> </u>	Firm/Company			
	14645 SW 173 ST				
		Address			
	MIAMI FL 33177				
		City/State and Zip Code			
	MIRNA_DIAZ27@HOTM			10	
	E-mail address: (to be used for future annual report noti-	fication)	₩	
For further information	concerning this matter, please c	all:		RET.	
MIRNA DIAZ		786 262-4853		29 SH	
Name	of Person	Area Code Daytime	e Telephone Number	JUL 29 PM 3:0. RETARY OF STATI	
Enclosed is a check for	the following amount:			ATE FL	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified		of Status &	
Mailing Addr	'PSS:	Street Address:			

Registration Section Division of 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

JEABRA LLC			
(Name of the Limited Li (A F)	ability Company as it now appears on our orda Limited Liability Company)	records.)	
The Articles of Organization for this Limited Liabili Florida document number L22000231612 This amendment is submitted to amend the followin A. If amending name, enter the new name of the	ity Company were filed on 05/18/2022 g:	Cy.	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation	1 "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable	:		
(Principal office address MUST BE A STREET AL	DDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOS	<u> </u>		
B. If amending the registered agent and/or regist agent and/or the new registered office address he		enter the name of the new registered	
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 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
AMBR	TARTAGLIA, FABRIZIO	1500 NE MIAMI PL APT 3207	
		MIAMI, FL 33132	Remove
			☐ Change
AMBR	JORGE EDUARDO ABRAHAM	1500 NE MIAMI PL APT 3207	■Add
		MIAMI, FL 33132	□Remove
			□ Change
			□Add
			Remove
			SSE FILE Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove

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Nombre del documento:

JEABRA LLC AMENDMENT

Documento creado:

07/26/2022 14:06:23

Páginas del documento:

6

ID del documento:

6263a9c3af6e49e4adfc3252fe3048f5288ddbb0

Documento enviado:

07/26/2022 14:16:11 UTC

Estado del documento:

Signed

07/26/2022 14:55:26UTC

Remitente:

abiasconsulting@gmail.com

Firmantes:

silvijor8@gmail.com

CC:

mirna_diaz27@hotmail.com

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•	SignNow Web Application	Invitación ясухила я ялинояВ@qmail.com	: abiasconsuloriy@gmait.com	97/26/2020 14:16:11 pm UTC	07/26/2022 14 16 10 pm UTC	174 48 181 206
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