

L240000 318 36

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

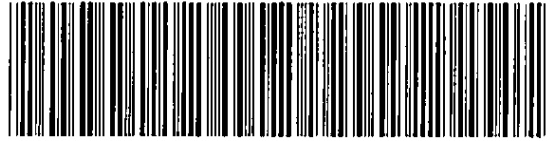
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/14/24--01016--007 **55.00

RECEIVED IN MAIL
FEB 14 2024
11:54 AM

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Cross Culture Entertainment
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:

John C. Rivas
Name of Person
Cross Culture Entertainment
Firm/Company
8779 Sidley Lane
Address
Orlando, FL
City/State and Zip Code
crosscultureentertain@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Rivas 407 987-7016
Name of Person at (Area Code) Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$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 Address:
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**

Cross Culture Entertainment

(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 1/16/2024 and assigned Florida document number L24000031836.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

John C. Rivas

New Registered Office Address:

8779 Sidley Lane

Enter Florida street address

Orlando

Florida

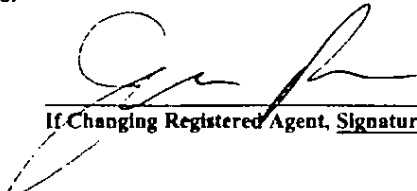
32832

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 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>
AMBR	John Rivas	8779 Sidley Lane	<input type="checkbox"/> Add
		Orlando Fl 32832	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AP	Hasbleidy Rivas	8779 Sidley Lane	<input type="checkbox"/> Add
		Orlando Fl 32832	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	Jennifer A. Molinares	2703 Corona Borealis Dr	<input type="checkbox"/> Add
		Orlando, Fl 32828	<input checked="" 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"/> Remove
			<input type="checkbox"/> Change

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

1. Remove Jennifer A. Molinares from Cross Culture Entertainment LLC

2. Remove Hasbleidy Rivas from Cross Culture Entertainment LLC

3. Change Title of John C. Rivas to Authorized Member (AMBR) and make sole proprietor of the LLC

(please see letters of withdrawal included in the envelope)

2024 FEB 14 PM 11:54

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)

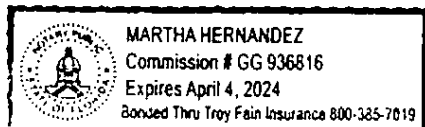
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 February 8th, 2024

[Signature] x [Signature] x [Signature]
Signature of a member or authorized representative of a member

John C. Rivas Hasbleidy Rivas Jennifer Molinares
Typed or printed name of signee



Filing Fee: \$25.00

Jennifer Molinares
2703 Corona Borealis Dr
Orlando, FL 32828
407-335-2230

Cross Culture Entertainment LLC
8779 Sidley Lane
Orlando, FL 32832

Subject: Notice of Withdrawal from Cross Culture Entertainment LLC

To Cross Culture Entertainment LLC.

I am writing to formally notify you of my decision to withdraw as an authorized person (AP) from Cross Culture Entertainment LLC, effective Immediately. After careful consideration and due diligence, I have concluded that it is in my best interest to discontinue my involvement with the company.

While our LLC does not currently have a formal operating agreement in place, I understand that my withdrawal is subject to any applicable state laws and the default rules set forth in the relevant jurisdiction's limited liability company statutes. I am committed to working with LLC to ensure a smooth and orderly transition in the absence of a specific agreement.

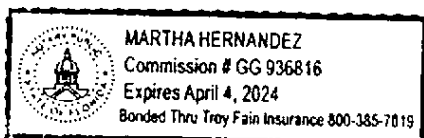
Thank you for your understanding and cooperation in this matter.

Sincerely,

Jennifer Molinares

Signature X [Handwritten Signature] Date 02/08/24

Printed Name of Signee Jennifer Molinares



Martha Hernandez
2-8-2024

Hasbleidy Rivas
8779 Sidley Lane
Orlando, FL 32832
407-987-7015

Cross Culture Entertainment LLC
8779 Sidley Lane
Orlando, FL 32832

Subject: Notice of Withdrawal from Cross Culture Entertainment LLC

To Cross Culture Entertainment LLC.

I am writing to formally notify you of my decision to withdraw as an authorized person (AP) from Cross Culture Entertainment LLC, effective Immediately. After careful consideration and due diligence, I have concluded that it is in my best interest to discontinue my involvement with the company.

While our LLC does not currently have a formal operating agreement in place, I understand that my withdrawal is subject to any applicable state laws and the default rules set forth in the relevant jurisdiction's limited liability company statutes. I am committed to working with LLC and its legal representatives to ensure a smooth and orderly transition in the absence of a specific agreement.

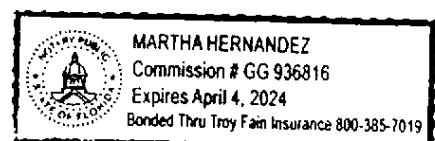
Thank you for your understanding and cooperation in this matter.

Sincerely,

Hasbleidy Rivas

Signature X Hasbleidy Rivas Date 02/08/2024

Printed Name of Signee Hasbleidy Rivas



Martha Hernandez 2/8/2024