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COVER LETTER

TO:

TO: Registration Se Division of Cor				
Jubileo US	A LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Daisy Danna			
		Name of Person		
		Firm/Company	_ 	
	7824 Collins Ave 3B	T HIP COMPANY		
		Address		
	Miami Beach, Fl. 33141			
		City/State and Zip Code		
	daisydanna@yahoo.com			
		to be used for future annual report no	otification)	
For further information c	oncerning this matter, please c	all:		
Daisy Danna		786 285 9230 at ()		
Name o	f Person	Area Code Dayti	inic Telephone Number	
Enclosed 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 Address		Street Address:		
Registration 9 Division of C		Registration S Division of Co		
P.O. Box 632	•		Division of Corporations The Centre of Tallahassee	
Tallahassee, l	FL 32314	2415 N. Mont	roe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jubileo USA LLC		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our re led Liability Company)	cords.
The Articles of Organization for this Limited Liability Comparison document number $\frac{L24000072578}{L}$.	any were filed on $\frac{2/8/2024}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
		
Enter new mailing address, if applicable:		2 4 JU
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office and/or the new registered office address here:	ce address on our records, <u>en</u>	ter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street aa	ldress
		, Florida
	Cinc	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	Daisy Danna	7824 Collins Ave 3B, Miami Beach, FL 33141	= Add
			□Remove
			□Change
MGR	SORAYA GARCIA	7824 Collins Ave 3B. Miami Beach, FL 33141	□Add
			Remove
			□ Change
MGR	SAVINO GARCIA, BARBARA I	7824 Collins Ave 3B, Miami Beach, FL 33141	□ Add
			■Remove
			□Change
MGR 	SAVINO, AYRTON G	7824 Collins Ave 3B. Miami Beach, FL 33141	□Add
			\ \exists Remove
			□Change
	<u> </u>		□Add
	_		□Remove
			□Change
			□Add
			□Remove
			□Change

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	06/30/2024
ffective date, if other than the d	date of filing:
ote: If the date inserted in this bloc	ck does not meet the applicable statutory filing requirements, this date will not be listed as
ocument's effective date on the Dep	partment of State's records.
record specifies a delayed effective. Lis filed.	date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the
is med.	
ated	2024
ated	··
	Signature of a member or authorized representative of a member
S	Signature of a member or authorized representative of a member SORHYH GOLC G Typed or/printed name of signee