

Note: Please print this page and use it as a cover sheet. Type the day audit number (shown below) on the top and bottom of all pages of the document.

(((H24000399117 3)))



H240003991173ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SORSHER & ASSOCIATES, LLC.

Account Number : 120170000056

Phone : (954)842-2931 Fax Number : (954)842-2936

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CROSS OCEAN FINANCE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

DEC - 2 5054 T. LEMIEUX

COVER LETTER

TO:				
a				
SUBJE	CT:	Name of Lin	nited Liability Company	· · · · · · · · · · · · · · · · · · ·
The encl	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
Division of Corporations CROSS OCEAN FINANCE, LLC 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: ANDREJS PANFILOVS Name of Person CROSS OCEAN FINANCE, LLC Firm/Company 900 N FEDERAL HWY STE 306 Address HALLANDALE, FL 33009 City/State and Zip Code nabank@inbox.lv E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ANDREJS PANFILOVS Name of Person Area Code Daytime Telephone Numi Enclosed is a check for the following amount: Escioned Status Certified Copy Certified Copy Certified Copy (additional copy is enclosed) Certified Corrified Corrified Copy Certified Copy Certified Copy (additional copy is enclosed)				
	Name of Person CROSS OCEAN FINANCE, LLC Firm/Company 900 N FEDERAL HWY STE 306 Address			
		ROSS OCEAN FINANCE, LLC Name of Limited Liability Company Tricles of Amendment and fee(s) are submitted for filing. correspondence concerning this matter to the following: ANDREJS PANFILOVS Name of Person CROSS OCEAN FINANCE, LLC Firm/Company 900 N FEDERAL HWY STE 306 Address HALLANDALE, FL 33009 City/State and Zip Code nabank@inbox.lv E-mail address: (to be used for future annual report notification) mation concerning this matter, please call: Area Code Name of Person Area Code Daytime Telephone Number 2555.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) Address: Tation Section On of Corporations Street Address: Tration Section On of Corporations		
			Firm/Company	
		900 n federal hwy s	TE 306	
			Address	
		HALLANDALE, FL 3300	9	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report not	ification)
For furth	ner information c	oncerning this matter, please c	ali:	
ANDRE	EJS PANFILOV	5		
	Name o	f Person		ne Telephone Number
Enclosed	i is a check for th	ne following amount:		
■ \$2 5.	.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	Mailing Addres			ection
Registration Section Division of Comporations				
	P.O. Box 632	.7	The Centre of	Tallahassee
	Tallahassee,	FL 32314	2415 N. Monro	be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CROSS OCEAN FINANCE, LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our reco Liability Company)	ras.)
The Articles of Organization for this Limited Liability Company Florida document number L24000256792	were filed on 06/07/2024	and assigned
This amendment is submitted to amend the following:		
This amendment is submitted to amend the johowing.		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab:	lim Company Paka designation SI I	C" - sk- sk- datio #1 t C "
•	naty Company, the designation Li	CC of the appreviation L.L.C.
Enter new principal offices address, if applicable:		, 12
(Principal office address MUST BE A STREET ADDRESS)	·	2024
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		P
		္ ယ
		1 0
B. If amending the registered agent and/or registered office	address on our records, ente	r the name of the new registered
agent and/or the new registered office address bere:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	622
		Torida
	Clty	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>	Type of Action
ambr	NATALIIA KORCHAHINA	900 N FEDERAL HWY STE 306	
		HALLANDALE, FL 33009	■Remove
			□Change
			□Add
			□Remove
			Change
·			
			□Remove
			□Change
		 	□Add
			□ Remov e
			□Change
			□Add
		<u> </u>	□Remove
		·	☐ Change
			□Add
			□Remove
			□ Change

						_
		· · · · · · · · · · · · · · · · · · ·				_
						_
·	<u>. </u>	· · · 				
						_
<u></u>		<u>.</u>				_
<u> </u>						_
					·· ·	
		<u>-</u>				_
				····		
		···-	<u>.</u>			
<u> </u>						<u>-</u>
						_
	<u>-</u>					_
·			 			
Effective date, if other than If an effective date is listed, the date Note: If the date inserted in thi document's effective date on the	s block does not m	neet the applical	ole statutory filing	requirements, this	onal) filing.) Pursuant to 60 date will not be li	05.0207 sted as
e record specifies a delayed effe rd is filed.	ctive date, but not	an effective tim	ie, at 12:01 a.m. o	n the earlier of: (b)) The 90th day af	ter the
Dated	···································	2024	_ •			
	dreju Panfilo. Signature of a n					
	Signature of a n	nember or author	zed representative o	f a member		

Filing Fee: \$25.00