L13000127972

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
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BEÜRLIARY (F. ST. IL. TALLAHASSEE, FLORID)

2013 SEP 30 AH 8: 56

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COVER LETTER

TO: Registration So Division of Cor						
Cruiz	er's, LLC					
SUBJECT:		ted 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:				
	Erin L. Orozo	CO				
	-	Name of Person	······································			
		Firm/Company				
	1185 South	Shade Avenue				
		Address				
	Sarasota, Fl	_ 34237				
		City/State and Zip Code				
	orozco.erin@gma	All.COM o be used for future annual report notification	<u>(m)</u>	∑ 60	20	
For further information of	concerning this matter, please c	·	···,	ESRE LAH	2013 SEP :	pr. 3
Melanie Ur	iderwood	941,954-999	1	ASSE	30	
Name o	n' Person	Area Code & Daytime Te	lephone Number	SEEL CLOSID	AH 8: 50	
Enclosed is a check for the	ne following amount:			; ب سو	9	
□ S25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Statu		ed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cruizer's LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our record	<u>(ls.</u>)
(smerry Cempuny,	
The Articles of Organization for this Limited Liability Company	were filed on 09/10/2013	and assigned
Florida document number L13000127982		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	ility company here:	
Cruizers, LLC		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designa	ntion "LLC" or the abbreviation
Enter new principal offices address, if applicable:	1555 North Washington	Boulevard
(Principal office address MUST BE A STREET ADDRESS)	Sarasota, FL 34236	70 TA
		ELI III
		Hr. CD
Enter new mailing address, if applicable:		SSE 30
(Mailing address MAY BE A POST OFFICE BOX)		
		95 89
		- 5
B. If amending the registered agent and/or registered of		enter the name of the new
registered agent and/or the new registered office address her	<u>e</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	eet address
	, Flori	da
-	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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma MGRM = I	nager Managing Member		
<u>Title</u>	<u>Name</u>	<u>Address</u> <u>T</u>	ype of Action
			Add
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Cu	Signature of a member of authorized representative of a member

Filing Fee: \$25.00

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