L13000154567

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	₩AIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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May 16, 2018

JOSE ANGEL 14914 W HARDY DR TAMPA, FL 33613

SUBJECT: CRUZIN PAINTING LLC

Ref. Number: L13000154567

We have received your document for CRUZIN PAINTING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 518A00010227

Justin M Shivers
Regulatory Specialist II Supervisor
Registration/Qualification Section

COVER LETTER

	Registration Se Division of Cor		- -			
SHD IFC	Cruzin Pain	iting				
SUBJEC	1:	Name of Lim	ited Liability Company			
The enclo	osed Articles of	Amendment and fee(s) are sub	unitted for filing.			
Please ret	urn all correspo	ndence concerning this matter	to the following:			
		Jose Manuel Cruz Angel				
			Name of Person			
		Cruzin Painting				
Firm/Company						
		14914 W. Hardy Dr.				
			Address			
		Tampa FL 33613				
			City/State and Zip Code			
		cruzinpainting@gmail.com				
For furthe	er information co	t-mail address: (to be used for future annual report notif all:	ication)		
Jose Man	uel Cruz Angel		813 679-9172 at ()			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed	is a check for th	e following amount:				
\$25.0	0 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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cruzin Painting		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our record Liability Company)	(<u>s.</u>)
The Articles of Organization for this Limited Liability Company Florida document number L13000154567	were filed on 11/04/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
		20 1 11 22 2 21 17 22
The new name must be distinguishable and contain the words "Limited Liabil	my Company, the designation "LLC	
Enter new principal offices address, if applicable:	14914 W. Hardy Dr.	الله الله الله الله الله الله الله الله
	14914 W. Hardy Dr. Tampa Fl.	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
(Principal office address MUST BE A STREET ADDRESS)	Tampa Fl.	EGNE AND
• •	Tampa FI. 33613	TEGHE AND THE

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

City

Jose Manuel Cruz Angel

14914 W. Hardy Dr

Tampa

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida 33613
Zip Code

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>	Name	<u>Address</u>	Type of Action
MGR	Rebecca Cruz	14914 W. Hardy Dr	
		Tampa FL 33613	■ Remove
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Effective date, if other that if an effective date is listed, the date inserted in document's effective date on	ite must be speci this block does	filing: ific and canno s not meet th	ie applicabl	date of filing o	or more than 90 iling requiren	(optio days after thents, this	iling.) Purst	iant to 60: ot be list	5.0207 (ted as t
ne record specifies a de The 90th day after th			but not a	in effectiv	e time, at	12:01 a	.m. on th	ne earli	er of:
Dated May 11		201	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\						
208				$\overline{}$					

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Typed or printed name of signee

Filing Fee: \$25.00