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### **COVER LETTER**

Divi	ision of Cor	porations		
SUBJECT:	CRUZ-IN 1	THE KEYS CONSTRUCTIO	ON LLC	
oon.cr.		Name of Lim	nited Liability Company	<del></del>
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		ANNIE CRUZ		
			Name of Person	
			Firm/Company	
		565 65TH STREET OCE	EAN	
			Address	
		MARATHON, FL 33050		
			City/State and Zip Code	
		CRUZANNIE@ICLOUD.		
		E-mail address: (	to be used for future annual report notifi	ication)
For further in	iformation co	oncerning this matter, please ea	all:	
ANNIE CRU	JZ		305 509-2375	
	Name of	Person		Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 Fi	iling 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:

TO:

**Registration Section** 

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

CRUZ-IN THE KEYS CONSTRUCTION LL	_C			
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)			
The Articles of Organization for this Limited Liability Cor	mpany were filed on 09/08/2015	and assigned		
Florida document number L15000153399	•			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	ed liability company here:			
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	ia,"			
Principal office address MUST BE A STREET ADDRE	<u></u>			
		8 A 8		
		<b>G</b> 22		
Enter new mailing address, if applicable:		<b>2</b> 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기		
• • • •	-	PH		
Mailing address MAY BE A POST OFFICE BOX)		7: RAI		
3. If amending the registered agent and/or registered agent and/or the new registered office addresses.				
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florida			
	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>	Address	Type of Action
	<del>.</del>		
			Remove
			<b>□</b> Change
MGR	JAMAL E. BEVENEY	942 E. 75TH STREET	■ Add
		MARATHON, FL 33050	□ Remove
			Change
			Add
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effective date is listed, e: If the date inserte	r than the date of fili the date must be specific a ed in this block does not te on the Department of	and cannot be prior to o	late of filing or more than e statutory filing requi	(optional) 190 days after filing.) Pu rements, this date will	rsuant to	605.02 listed
record specifies a he 90th day afte	a delayed effective r the record is filed	date, but not a	n effective time, a	at 12:01 a.m. on	the ea	rlier (
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Typed or printed name of signee

Filing Fee: \$25.00