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| (Requestor's Name) |
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| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| SUBJEC | DealzWhole | esale LLC | | | | | | | | |
| SOBJEC | C1: | Name of Lim | ited Liability Company | | | | | | | |
| The encl | losed Articles of A | Amendment and fee(s) are sub | mitted for filing. | | | | | | | |
| Please re | eturn all correspo | ndence concerning this matter | to the following: | | | | | | | |
| | | Brandon Cruz | | | | | | | | |
| | | | Name of Person | | | | | | | |
| | | DealzWholesale LLC | | | | | | | | |
| | | | Firm/Company | | | | | | | |
| | | 1948 Okinawa Ct | 1948 Okinawa Ct | | | | | | | |
| | | | Address | | | | | | | |
| | | Tampa/Ft 33621 | | | | | | | | |
| | | | City/State and Zip Code | | | | | | | |
| | | bgs2817@gmail.com | | | | | | | | |
| | | E-mail address: (| to be used for future annual report notifi | cation) | | | | | | |
| For furth | ner information co | oncerning this matter, please ca | all: | | | | | | | |
| Brandon | | | 941 81 2 4678 at () | | | | | | | |
| | Name of | TPerson | Area Code Daytime | Telephone Number | | | | | | |
| Enclosed | d is a check for th | e following amount: | | | | | | | | |
| □ \$25. | 00 Filing Fee | 田 \$30.00 Filing Fee & Certificate of Status | 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

| DealzWholesale LLC | | |
|---|--|--|
| (<u>Name of the Limited Liabili</u> (A Florida | ty Company as it now appears on our records.) a Limited Liability Company) | |
| The Articles of Organization for this Limited Liability C | Company were filed on August 8, 2016 | and assigned |
| Florida document number L16000148223 | · | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lim | ited liability company here: | |
| Cruz Estates LLC | | |
| The new name must be distinguishable and contain the words "Lim | ited Liability Company," the designation "LLC" or the | abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDI | RESS) | |
| | | |
| | | distribution of the contract o |
| Enter new mailing address, if applicable: | | - T |
| (Mailing address MAY BE A POST OFFICE BOX) | | 1 |
| Muning marcis MATE DISTA COST OF A COST DOAS | | 100 |
| | | 3 |
| B. If amending the registered agent and/or regis | tered office address on our records, ente | |
| registered agent and/or the new registered office add | | Φ |
| | | |
| 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 |
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| fective date, if other than the d n effective date is listed, the date must bte: If the date inserted in this bloc cument's effective date on the Dep | e specific ar k does not | nd cannot be meet the a | pplicable | ate of filing of statutory f | or more than 90 lling require | (option) days after finents, this c | ling) Pursi | uant to 605 ot be liste | 5,0 2 07 ed as |
| record specifies a delayed The 90th day after the reco | | | ıt not aı | n effectiv | e time, at | 12:01 a. | m. on th | ne earlie | er o |
| tted April 3 | | 2017 | | | | | | | |
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00