## Florida Department of State

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/		COVER LETTER	
TO: Registration S Division of Co		0	
SUBJECT:	Samautha Name of Lin	oited Liability Company	LLC
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	MAX A. ADAMS, ESQ.		
		Name of Person	
	LAW OFFICES OF MAX	A. ADAMS, ESQ PLLC	
		Firm/Company	
	2151 S. LEFEUNE RD, S	TB. 306	
		Address	
	CORAL GABLES, PLOR	.IDA 33134	
	<del>, , , , , , , , , , , , , , , , , , , </del>	City/State and Zip Code	
	ANOIE@THEMEDILAW		
	E-inail address:	to be used for future numbel report notif	leation)
For further information of	concerning this matter, please c	all;	
ANGELA PEREZ		305 444-3484	
Name (	of Person	Aren Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Pee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Cortificate of Status & 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 Conter Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

(Name of the Limited Liability Company as it now appears on dur records.)  The Articles of Organization for this Limited Liability Company were filed on	and assigned
Plorida document number LIC COO ZOC 84/  Plorida document number LIC COO ZOC 84/  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  CRUCICO LLC  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the enter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:	abbreviation L. L. C.
This amendment is submitted to amend the following:  A. If amending name, enter the new pame of the limited liability company here:  CRUCTEW LLC -  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the enter new principal offices address, if applicable:  [Principal office address MUST BE A STREET ADDRESS]  Enter new mailing address, if applicable:	abbreviation L. L. C.
A. If amending name, enter the new name of the limited liability company here:  CRUCTEW, LLC.  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the Enter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS!  Enter new mailing address, if applicable:	NOW I
CRUCTEW, LLC.  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the Enter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:	NOW I
The new name must be distinguishable and cortain the words "Limited Liability Company," the designation "LLC" or the Enter new principal offices address, if applicable:  [Principal office address MUST BE A STREET ADDRESS]  Enter new mailing address, if applicable:	NOW I
Principal office address MUST BE A STREET ADDRESS!  Enter new mailing address, if applicable:	SICH C COREC
Enter new mailing address, if applicable:	10 COTE OF AH
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	0:01
<ol> <li>If amending the registered agent and/or registered office address on our records, entregistered agent and/or the new registered office address here:</li> </ol>	r the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	• • • • • • • • • • • • • • • • • • • •
, Florida	
City New Rogistered Agent's Signature, if changing Registered Agent:	Zip Code

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

Page 1 of 3

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Add
	·	<u> </u>	□ Remove
		-	☐ Change
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	Signature of a member or authorized representative of a member
	MAX A. ADAMS, ESQ - ATTORNEY-IN-FACT

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