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	istration Sec ision of Corp			
SUBJECT:	MKCruz Ser	vices LLC		
		Name of Limi	ited Liability Company	
The enclosed	Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Miguel Veremundo Cruz T	°огтедгоsа	
			Name of Person	
		MKCruz Services LLC		
			Firm/Company	
		16358 Treasure Point Dr		
		123 - 111 -	Address	
		Wimauma, FL 33598		PH 2: 5
		The second to th	City/State and Zip Code	7
		mkcruzservices@gmail.com		
			to be used for future annual report notif	ication)
For further in	iformation co	ncerning this matter, please ca	all:	
Miguel Vere	mundo Cruz	Torregrosa	727 313-0447	
	Name of	Person		e Telephone Number
Enclosed is a	check for the	e following amount:		
\$25.00 F	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: 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

MKCruz Services LLC		
(Name of the Lim	ited Liability Company as it now appears on our rec (A Florida Limited Liability Company)	ords.)
The Articles of Organization for this Limited I	Liability Company were filed on 03/16/2017	and assigned
Florida document number L17000061120	de address and an open comment."	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation "I	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	70
(Principal office address MUST BE A STRE	ET ADDRESS)	3 5
		TO THE
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE	<u> </u>	ज ह
		, , , , , , , , , , , , , , , , , , ,
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered office address on our reco office address here:	rds, enter the name of the new
Name of New Registered Agent:	Miguel Veremundo Cruz Torregrosa	
New Registered Office Address:		To a constant of the constant
	Enter Florida street add	iress
		Florida Zin Code
	City	Διρ 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

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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Miguel Veremundo Cruz Torregrosa		□ Add
			☐ Remove
			Change
			□ Add
			☐ Remove
			☐ Change
			□ Add · Add
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Tective date, if other than the an effective date is listed, the date mu	date of filing: t be specific and cannot be prior to date of filing or mo	(optional) ore than 90 days after filing.) Pursuant to 605.02
ote: If the date inserted in this bocument's effective date on the D	ock does not meet the applicable statutory filing	requirements, this date will not be listed
edition soffeetive date on the L	partition of state's records.	
record specifies a delaye	effective date, but not an effective ti	me, at 12:01 a.m. on the earlier
The 90th day after the rec		, 40 22002 40000 000 4000 000000
March 24	2017	
	7200	
	Signature of a member or authorized representative	of a member

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Filing Fee: \$25.00