

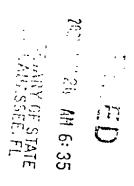
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COVER LETTER

 Division of Corpor 	ations		
SUBJECT:	SUSI CR	UZ, PLLC d Liability Company	
The enclosed Articles of Am	endment and fec(s) are subm	itted for filing.	
Please return all corresponde	nce concerning this matter to	the following:	
	<u>Sursia</u>	HE CRUZ Name of Person	<u> </u>
		Firm/Company	
	1383	Lotus ST. St	<u> </u>
	PAIM BAY	FL- 32900 City/State and Zip Code Of HOME SAIES Cope used for future annual report notific	D AMACLOM
For further information con	e-mail address: (to	li:	ASSE A IT
SUTSA + E	CRUZ erson	li: at (321) 609 - Area Code Daytime	Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	ation	Street Address: Registration Section	tion

Registration Section

Registration Section

TO:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Susi Cru		5.)
(Name of the Limited Liability Company (A Florida Limited Lia		
The Articles of Organization for this Limited Liability Company w Florida document number $\underline{L}17000115193$	were filed on $5 - 24$	- 2017 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil SURSATE CO The new name must be distinguishable and contain the words "Limited Liability".	ity company here: RUZ, PLLC ty Company, the designation "LLC"	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A	<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	AFASSEE. FI
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter</u>	r the name of the new registered
Name of New Registered Agent:	N/A	
New Registered Office Address:	Enter Florida street addre	ess
	, F	Torida
	Ciţ	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.

MA

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>	<u>Address</u>	Type of Action
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