

L18000008529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

(Business Entity Name)

(Document Number)

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MAY 02 2019

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2019 MAY -1 PM 1:53

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 17, 2019

HECTOR L ORTIZ  
11118 COLDFIELD DR  
JACKSONVILLE, FL 32246

SUBJECT: CRUZ RESIDENTIAL PAINTING LLC  
Ref. Number: L18000008529

We have received your document for CRUZ RESIDENTIAL PAINTING LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A manager/managing member or authorized representative must sign the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White  
Regulatory Specialist III

Letter Number: 019A00007780

RECEIVED  
2019 MAY -1 PM 4:57  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CRUZ RESIDENTIAL PAINTING LLC  
\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

HECTOR L. ORTIZ

\_\_\_\_\_  
Name of Person

CRUZ RESIDENTIAL PAINTING LLC

\_\_\_\_\_  
Firm/Company

11118 COLDFIELD DR

\_\_\_\_\_  
Address

JACKSONVILLE FL 32246

\_\_\_\_\_  
City/State and Zip Code

111tax333@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HECTOR L. ORTIZ                      904              674-4344  
\_\_\_\_\_  
Name of Person                      at (              )              Area Code              Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 Filing 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**

**FILED**

2019 MAY -1 PM 1:53

CRUZ RESIDENTIAL PAINTING LLC

(Name of the Limited Liability Company as it now appears on our records!)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/09/2018 and assigned  
Florida document number L18000008529

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

ORTIZ SHEET ROCK, FINISHING AND PAINTING LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

11118 COLDFIELD DR

**(Principal office address MUST BE A STREET ADDRESS)**

JACKSONVILLE FL 32246

**Enter new mailing address, if applicable:**

11118 COLDFIELD DR

**(Mailing address MAY BE A POST OFFICE BOX)**

JACKSONVILLE FL 32246

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

HECTOR L. ORTIZ

New Registered Office Address:

11118 COLDFIELD DR

*Enter Florida street address*

JACKSONVILLE

*City*

Florida 32246

*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>     | <u>Address</u>                              | <u>Type of Action</u>                      |
|--------------|-----------------|---|--|
| MGR          | SILVIA M. ORTIZ | 11118 COLDFIELD DR<br>JACKSONVILLE FL 32246 | <input checked="" type="checkbox"/> Add    |
|              |                 |   | <input type="checkbox"/> Remove            |
|              |                 |   | <input type="checkbox"/> Change            |
| AMBR         | HECTOR L. ORTIZ | 11118 COLDFIELD DR<br>JACKSONVILLE FL 32246 | <input type="checkbox"/> Add               |
|              |                 |   | <input type="checkbox"/> Remove            |
|              |                 |   | <input checked="" type="checkbox"/> Change |
|              |                 |   | <input type="checkbox"/> Add               |
|              |                 |   | <input type="checkbox"/> Remove            |
|              |                 |   | <input type="checkbox"/> Change            |
|              |                 |   | <input type="checkbox"/> Add               |
|              |                 |   | <input type="checkbox"/> Remove            |
|              |                 |   | <input type="checkbox"/> Change            |
|              |                 |   | <input type="checkbox"/> Add               |
|              |                 |   | <input type="checkbox"/> Remove            |
|              |                 |   | <input type="checkbox"/> Change            |
|              |                 |   | <input type="checkbox"/> Add               |
|              |                 |   | <input type="checkbox"/> Remove            |
|              |                 |   | <input type="checkbox"/> Change            |

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

I AM CHANGING THE COMPANY NAME FROM: CRUZ RESIDENTIAL PAINTING LLC

TO: ORTIZ SHEET ROCK, FINISHING AND PAINTING LLC.

AND I WILL ADD SILVIA M. ORTIZ WITH THE MGR POSITION AND I (HECTOR L. ORTIZ) WANT TO

AMEND OR (CHANGE) THE POSITION FROM MGR TO AMBR

I AMMEND THE COMPANY MAILING AND PHISICAL ADDRESS FROM: 2260 UNIVERSITY BLVD N

APT 95-D JACKSONVILLE, FL 32211 TO: 11118 COLDFIELD DR JACKSONVILLE FL 32246

04-04-2019

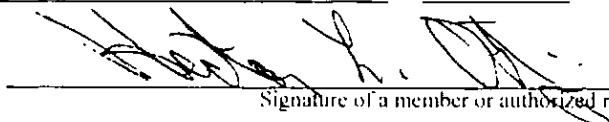
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated APRIL 04, 2019

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

HECTOR L. ORTIZ

\_\_\_\_\_  
Typed or printed name of signee