

L18 000000 8529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

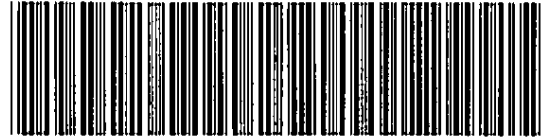
(Business Entity Name)

(Document Number)

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HEREIN IS UNCLASSIFIED  
DATE 04-08-01 BY 60321

2020 OCT 15 PM 4:35

FILED

OCT 19 2020

S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 30, 2020

HECTOR L ORTIZ  
CRUZ RESIDENTIAL PAINTING LLC  
11118 COLDFIELD DRIVE  
JACKSONVILLE, FL 32246

SUBJECT: ORTIZ SHEET ROCK, FINISHING AND PAINTING LLC  
Ref. Number: L18000008529

We have received your document for ORTIZ SHEET ROCK, FINISHING AND PAINTING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

INVESTMENTS 360, INC - P17000043203

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.

Shelia S Young  
Regulatory Specialist II

Letter Number: 320A00018821

## 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 ORTIZ

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

CRUZ RESIDENTIAL PAINTING LLC

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

11118 COLDFIELD DR

\_\_\_\_\_  
Address

JACKSONVILLE FL 32246

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

111TAN333@GMAIL.COM

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

For further information concerning this matter, please call:

HECTOR ORTIZ

904

674-4544

at (\_\_\_\_\_) \_\_\_\_\_

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

\_\_\_\_\_  
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 Address:**

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**

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

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:**

INVESTMENT GROUP 360 LLC

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

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

5811 ATLANTIC BLVD UNIT 163

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

JACKSONVILLE FL 32207

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

5811 ATLANTIC BLVD UNIT 163

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

JACKSONVILLE FL 32207

**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:

MARIO MORENO

New Registered Office Address:

5811 ATLANTIC BLVD UNIT 163

Enter Florida street address

JACKSONVILLE

Florida

32207

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**

**FILED**  
2020 OCT 15 PM 4:35  
CLERK OF CIRCUIT COURT  
JACKSONVILLE, FL 32202

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	MARIO MORENO	5811 ATLANTIC BLVD UNIT 163 JACKSONVILLE	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	HECTOR L. ORTIZ	11118 COLDFIELD DR. JACKSONVILLE FL 32246	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SILVIA M. ORTIZ	11118 COLDFIELD DR. JACKSONVILLE FL 32246	<input type="checkbox"/> Add
			<input checked="" 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.)**

THIS CORPORATION HAS BEING SOLD FROM CRUZ RESIDENTIAL PAINTING TO INVESTMENT  
GROUP 360 LLC ; PLEASE CHANGE THE EIN NUMBER 82-3946263 TO 85-2387675 AND PLEASE  
CHANGE THE ADDRESS 11118 COLDFIELD DR JACKSONVILLE FL 32246 TO 5811 ATLANTIC BLVD  
UNIT 163 JACKSONVILLE FL 32207. PLEASE CHANGE THE CORPORATE OFFICERS: PLEASE REMOVE  
HECTOR ORTIZ AND SILVIA MORTIZ AND ADD MARIO MORENO.

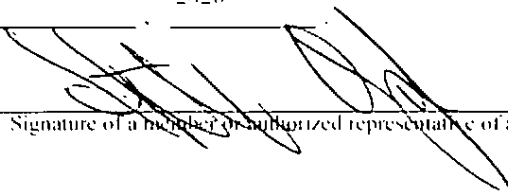
**E. Effective date, if other than the date of filing: 10-13-2020 (optional)**

(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 OCTOBER 13, 2020

  
Signature of a member or authorized representative of a member

HECTOR L. ORTIZ

Typed or printed name of signee