Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Doing 3	will generate another cover sheet.	
To:			
	Division of Corporations		١,
	Fax Number	: (850)617-6383	
from:			⊐×
	Account Name	: GLOBAL ACCOUNTING AND TAX PROFESSIONAL (CORP 🗬
	Account Number	: 120140000098	
	Phone	: (786)372-1391	-
	Fax Number	: (786)762-2589	

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:______

RI JUL -7 AM 9-50 ECRETARY OF STATE LLAHASSEE. FLORID

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CRUX GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

JUL 0 8 2021

A. LUNT

CRUX GROUP LLC.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

New Registered Office Address:	N / A Enter Florida street ad	dress	
	N1 / A		
Name of New Registered Agent:	N / A		
. If amending the registered agent and/or registered office agent and/or the new registered office address here:		ter the name	of the new registe
			O TIENS
Mailing address MAY BE A POST OFFICE BOX)			2: OR 74 OR 74
nter new mailing address, if applicable:	N	i / A	H OF CORP
Principal office address MUST BE A STREET ADDRESS)			21 John Car
nter new principal offices address, if applicable:	N.	/ A	<u> </u>
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "	LLC" or the abb	reviation "L.L.C."
If amending name, enter the new name of the limited liab $_{ m N}$ / $_{ m A}$	ility company here:		
his amendment is submitted to amend the following:			
lorida document number			
he Articles of Organization for this Limited Liability Company	were filed on		and assigned
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	Ciability Company)		
	inv as it now appears on our re-	cords.)	

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 H21000 2613623

Title	Name	Address	Type of Action
MGR	CHOURIO, DIRIMO A	4732 NW 98TH PL	
		DORAL , FL 33178	■Remove
			🗀 Change
MGR	ROMERO, FRANCISCO	7500 NW 25TH STREET	= Add
		SUITE #246	CRemove
		MIAMI FL 33122	21 Change
MGR	GONZALEZ-JIMENEZ, JIMMY	343 WHITE HERON DR	NOF CO
		SANTA ROSA BEACH FL 32459	P. ORDO
			OI OChange S
			□Add
			□Remove
			□Change
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Note: If the da	te is listed, the dat	e must be specifi iis block does :	c and cannot be pr not meet the app	licable statutory fi	r more than 90 days aft	tional) ter filing.) Pursuant to 64 his date will not be li	05.0207 (3 sted as th
he record specifi ord is filed.	ies a delayed eff	ective date, bu	t not an effectiv	e time, at 12:01 a.;	n, on the earlier of:	(b) The 90th day af	ter the
Dated	YWZ	G7H	_, _202				
		5 ignature	of a member or a	uthorized representat	ive of a member		

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