119000214453

(Re	equestor's Name)	_
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Document Number)		
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
	 	





50033437315

09/26/19--01027--025

Amend

OST 1 1 2019 I ALERITTON

COVER LETTER

TO:		istration Se ision of Cor			
easte t	uct.		ALTY, LLC		
SUBJ	ECT:		Name of Lim	ited Liability Company	
The e	nelosed	Articles of	Amendment and fee(s) are sub	mitted for filing	
			ondence concerning this matter		
7 104.50		an correspo	AUNDRE SCOTT		
			MITRE ACCOUNTING &	Name of Person t TAX SERVICES, LLC	
			15701 SR 50, STE 202	Firm/Company	
			CLERMONT, FL 34711	Address	
			taxes@mitreaccountingandt	City/State and Zip Code ax.com	
For fu	irther in	formation c	E-mail address: (oncerning this matter, please of	to be used for future annual report notification)	
	DRE SO		-	352 242-9905	
		Name o	f Person	Area Code Daytime Teleph	one Number
Enclos	sed is a	check for th	ne following amount:		
□ \$2	25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	I \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclos
		Registr Divisio	ING ADDRESS: ation Section n of Corporations	STREET/COURIER AD Registration Section Division of Corporations Clifton Building	DRESS:

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

CRUZ REALTY, LLC

(Name of the Limi	ited Liability Comp (A Florida Limited	any as it now appears on ou Liability Company)	ır records.)	
The Articles of Organization for this Limited L Florida document number	Liability Company	were filed on $\frac{08/22/20}{}$	19 	and 2
This amendment is submitted to amend the fol				
A. If amending name, enter the new name o	of the limited lial	oility company here:		
N/A				
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designat	ion "LLC" or the abbrevia	tion '
Enter new principal offices address, if applic	cable:	N/A		
(Principal office address MUST BE A STREET ADDRESS)				
				<u> </u>
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and registered agent and/or the new registered o			records, enter the i	jam
Name of New Registered Agent:	10/1		· · ·	<u> </u>
New Registered Office Address:				<u> </u>
		Enter Florida stre	et address	
		City	, Florida	Cod
New Registered Agent's Signature, if changing	Registered Agent:	•		
I hereby accept the appointment as registered provisions of all statutes relative to the propaccept the obligations of my position as registery filed to merely reflect a change in the company has been notified in writing of this	ed agent and agroer and complete istered agent as registered office change.	ee to act in this capace performance of my du provided for in Chapte	ities, and I am famili r 605, F.S. Or, if this firm that the limited	ar w s dod liah.
	ii Cila	nging Kegistered Agent, <u>Si</u>	inatale of New Negisters	<u>'a w</u>

Page 1 of 3

MGR = 3	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	<u>Type</u>
MGR	LA ROSA, JOSEPH ANDRE	1420 Celebration Blvd.	
		Suite 200	B A
		CELEBRATION, FL 34747	
		<u> </u>	
			R
			
			R.
			Ch
			Ad
	,	 	
			 Ch:
			Re:
			Chi │

	<u> </u>
	<u> </u>
	<u> </u>
	<u> </u>
	<u> </u>
	<u> </u>
	<u> </u>
E. Effective date, if other than the date of filing: (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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 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 (b) The 90th day after the record is filed.	e arli
Dated 9/24/2019 Signature of a member or authorized representative of a member	
Signature of a member or authorized representative of a member	
SAMUEL CRUZ Typed or printed name of signee	+

Page 3 of 3

Filing Fee: \$25.00