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COVER LETTER

TO: Registration Solution of Col			
CRUZ RE. SUBJECT:	ALTY, LLC		
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	AUNDRE SCOTT		
	MITRE ACCOUNTING &	Name of Person & TAX SERVICE, LLC	
	15701 SR 50, STE 202	Firm Company	
		Address	
	CLERMONT, FL 34711		
	taxes@mitreaccountingandt		
	E-mail address: (to be used for future annual report notifi	cation)
For further information	concerning this matter, please co	all:	
AUNDRE SCOTT		352 242-9905	
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)
in the second se	LING ADDRESS:	STREET/COURIE Registration Section	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CRUZ Realty, LLC The Articles of Organization for this Limited Liability Company were filed on $\frac{08/22/2019}{1}$ and assigned Florida document number L19000214453 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 = M $AMBR = A$		mber Managing Member	
<u>Title</u>	<u>Name</u>	Address	Type of Action
M/MBR	LA ROSA, JOSEPH ANDRE	1420 CELEBRATION BLVD	
		SUITE 200	Remove
		CELEBRATION, FL 34747	Change
MGR	CRUZ, SAMUEL	4512 BARRISTER DRIVE	
		CLERMONT, FL 34711	_ Z Remove
MGR	CRUZ, ABEL, JR	3922 DERBY GLEN DR	□ Change
		CLERMONT, FL 34711	Nau
			Change
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Effectiv	ve date, if other than the date of filing:
Note: 1	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
docume	nt's effective date on the Department of State's records.
he reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
THE :	sour day after the record is med.
Dated 1	6 OCTOBER 2019
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	Signature of a member of authorized representative of a member

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Filing Fee: \$25.00