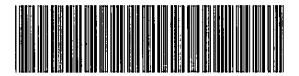
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SECRETARY OF STATE

Amend

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COVER LETTER

TO:	Registration So Division of Cor		•	•
CUB II		DRID ENTERPRISES LLC		
SUBJE	.CI:	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	-	
		SANDRA BETANCOUR	т	
			Name of Person	
		SKY NETPROFIT LLC		
			Firm/Company	
		5206 US HWY 98 N		
			Address	
		LAKELAND, FL 33809		
		SANDRA@SKYNETPRO	City/State and Zip Code	
		•	to be used for future annual report notit	ication)
For fur	ther information c	concerning this matter, please c	all:	
SANDRA BETANCOURT		863 258-0599 at ()_		
	Name o	of Person	Area Code Daytime	: Telephone Number
Enclose	ed is a check for t	he following amount:		
\$2:	5.00 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

CRUZ MADRID ENTERPRISES 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 09/22/2019 and assigned Florida document number L19000239524

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 "LLC."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

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:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

.. Florida _

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>	Type of Action
MBR	BRYAN CRUZ	8559 CHERRY HILL DRIVE	
		LAKELAND, FL 33810	Remove
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Typed or printed name of signee

Filing Fee: \$25.00