## 119000 284572

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
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. (B	usiness Entity Name)	
(D	ocument Number)	
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TALL MEDSES SECONDARY

## **COVER LETTER**

Registration Section Division of Corporations

TO:

CRZ AUTO SUBJECT:	SERVICE GROUP LLC				
50030QT.	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	on itted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	CRUZ BAEZ MORALES				
		Name of Limited Liability Company  ment and fee(s) are subn itted for filing.  concerning this matter to the following:  UZ BAEZ MORALES  Name of Person  Z AUTO SERVICE GROUP LLC  Firm/Company  552 SHAMROCK RD  Address  CKSONVILLE, FL 32256  Gity/State and Zip Code  ax333@gmail.com  E-mail address: (to be used for future annual report notification)  ng this matter, please cal::  at (904 ) 440-4880  Area Code Daytime Telephone Number  wing amount:  30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status & Certificate of Stat			
	CRZ AUTO SERVICE G	ROUP LLC			
	<del></del>	Firm/Company			
	10552 SHAMROCK RD				
		Address			
	JACKSONVILLE, FL 32.	256			
		City/State and Zip Code	<del></del>		
	111tax333@gmail.com				
	E-mail address: (	to be used for future annual report not	ification)		
For further information co	oncerning this matter, please o	a!::			
CRUZ BAEZ MORALE	s				
Name of	Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for th	e following amount:				
<b>■ \$25.00</b> Filing Fee	-	C \$55.00 Ellips Can B	•		
= <b>9</b> 25.00 1 ming 1 cc	Certificate of Status	Certified Copy	Certificate of Status & Certified Copy		
Mailing Address	<u>s:</u>	Street Address:			
Registration Section		Registration Se			
Division of Corporations			•		
P.O. Box 632 Tallahassee, F					
ranungaace. I	an Jayla T	Z#TJ IN. MOHBO	e aucer, aune oru		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CRZ AUTO SERVICE GROUP LLC

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.19000284572}{1.19000284572}$ .	were filed on 11/15/2019	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the	ne abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		Ros -	
(Principal office address MUST BE A STREET ADDRESS)			
		%	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		O.	
		B	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter the i	name of the new registere	
New Registered Office Address:			
	Enter Florida street address		
	Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent	<u> </u>		
I hereby accept the appointment as registered agent and agreen or oversions of all statutes relative to the proper an importance complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and Lo provided for in Chapter 605, F.S.	ım familiar with and Or, if this document is	
	nging 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

<u>Title</u>	Name	Address	Type of Action
MGR	CARLOS BAEZ MORALES	10552 SHAMROCK RD JACKSONVILLE, FL 322.	56 □Add
			<b>=</b> Remove
			□Change
MGR	CRUZ BAEZ MORALES	10552 SHAMROCK RD JACKSONVILLE, FL 322.	56 ≣Add
			□Remove
			□Change
			DAdd
			Remove
		<u> </u>	Change
		·	□ Add
			□Remove
		□Change	
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

AS THE NEW MGR					
PLEASE ADD THE EIN # 84-1	3693877 TO THE CORPO	RATION FILE			-
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			- <del></del>		- -
			<b>db</b> <sup>57</sup>	ယ	_
					_
fective date, if other than the da in effective date is listed, the date must be	ite of filing: 12-05-2019		(optional)		
<u>ote:</u> If the date inserted in this block	c does not meet the applica	o date of filing or more ble statutory filing re	than 90 days after filing equirements, this date	.) Pursuant to 66 will not be li	05.020 sted a
cument's effective date on the Depa	rtment of State's records.				
ecord specifies a delayed effective d	ate, but not an effective tir	ne, at 12:01 a.m. on a	the earlier of: (b) Th	ne 90th day af	ter th
is filed.				-	
DECEMBER 5TH	2019				
New _	·				
100		rized representative of			

Filing Fee: \$25.00

Typed or printed name of signee