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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Cruz International LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
John F. Cruz Freyre & Sabina Aliyeva Name of Person
Cruz International LLC Firm/Company
9656 Avellino Avenue 77306
Orlando, Fl 32819 City/State and Zip Code
Ochardo, Fl. 32819 City/State and Zip Code John Cruz 5290 @ G. Mai J. W. E-mail address: (to be used for infure annual report notification)
For further information concerning this matter, please call:
John F. Cruz Freyre at (407) 818-0236 Name of Person Area Code Daytime Telephone Number Sabina Aliyeva 404 997-9206
Sabina Aliyeva 404 997-9206
Enclosed is a check for the following amount:
[D \$25.00 Filing Fee
Mailing Address: Registration Section Registration Section Division of Comparations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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	ty Company as it now appears on our records.) i Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number <u>L2000011932</u>	Company were filed on January 21, 2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ited liability company here:
The new name must be distinguishable and contain the words "Lim	ited 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 ADDR	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, enter the name of the new regis
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida City Zip Code

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:

	Authorized Member		
<u>Title</u>	Name	Address +1.7306	Type of Action
AMBR	John F. Cruz Freyre	Address #7306 9656 Avellino Avenue, Orlando, F	Z Z Add
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fan eff <u>Note:</u>	tive date, if other than the date of filing: [Nective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days.] If the date inserted in this block does not meet the applicable statutory filing requirement nent's effective date on the Department of State's records.	optional) s after filing.) Pursuant to 605.020 s, this date will not be listed as
recor d is fil	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of iled.	of: (b) The 90th day after the
	. ala	
Dated	The state of the s	

Sabina Aliyeva John F. Cruz Freyre
Typed or printed name of signee