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Office Use Only



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COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations		•		
	CRUISING	SMOOTHIE LLC	•	•		
SUBJECT:	Name of Limited Liability Company					
The enclosed	Articles of .	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
			DARIO GRISALES			
			Name of Person			
			Viicar/Company			
		1654.	2 N DALE MABRY HIGHWAY			
			Address			
			TAMPA, FL 33618		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2020 AUG
			City/State and Zip Code			EUG
			nanitamorenov@gmait.com			20
			to be used for future annual report notal	ication)		70
For further in	nformation co	oncerning this matter, please of	all:		1	
DARIO GRISALES			813 679-2089 at ()		; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	<u>5</u>
	Name of	l Person	Area Code Daytino	Telephone Number		
Enclosed is a	check for th	e following amount:				
□ \$25.00 F	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Li \$60.00 Filing Certificate of Certified Contact Cont	of Status & ppy	
	iling Addres		Street Address:			
Registration Section			Registration Section Division of Corporations			
Division of Corporations P.O. Box 6327			The Contre of Taliahassee			
	llahassee, I			Street, Suite \$10		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CRUISING SMO	OTHE LLC	
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on	and assigned
Florida document number 1.20000069732		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
N/A		
The new name must be distinguishable and contain the words "Limited Liab	pility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		20.00
		5. 5
		12
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	N/A	<u> </u>
		21.5
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new registered
Name of New Devictors I America N/A		
Name of New Registered Agent: N/A		
New Registered Office Address:		
	Enter Elorida street address	
	Florid	ln.
	Cits	Zip Code

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 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>	Address	Type of Action
MGR	ADRIANA GRISALES	16542 N DALE MABRY HIGHWAY	≅ Add
		TAMPA, FL 33618	□Remove
			□Change
MGR	FREDY ESCOBAR	16542 N DALE MABRY HIGHWAY	□ Add
		TAMPA. FL 33618	≡Remove
			□Change
			□ Add
			7020 / Hange
			7020 AUS 20 PH ST
			Remove
			□Add
			□Remove
			□Change
			C/Add
			□Remove
			_

	N/A				
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Filing Fee: \$25.00