

L200000 89201

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

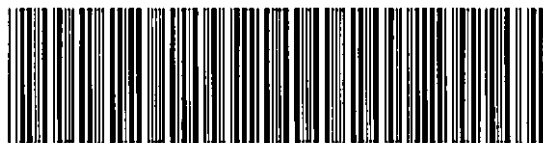
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

304  
file an amendment

Office Use Only



900342756609

04/10/20--01:08--018 ++25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
20 JUN 22 PM 3:53

Amend

JUN 22 2020

D CLIPPING

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Cruz Executive Protection Services LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ramon Cruz

Name of Person

Cruz Executive Protection Services LLC

Firm/Company

6144 Royal Birkdale Dr.

Address

Lake Worth, FL 33463

City/State and Zip Code

MR CRUZ PPS@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rachel Cruz

Name of Person

at (561)

Area Code

685-0658

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)

Mailing Address:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

20 JUN 22 PM 3:53

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 23, 2020

RAMON CRUZ  
CRUZ EXECUTIVE PROTECTION SERVICES LLC  
6144 ROYAL BIRKDALE DR  
LAKE WORTH, FL 33463

SUBJECT: CRUZ EXECUTIVE PROTECTION SERVICES LLC  
Ref. Number: L20000089201

We have received your document for CRUZ EXECUTIVE PROTECTION SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You are adding an officer to this filing so you need to file an amendment and not articles of correction.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 620A00008482

2020 JUN 24 PM 1:03

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Cruz Executive Protection Services 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 3-25-2020 and assigned Florida document number 620000089201

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED  
CLERK OF STATE  
20 JUN 22 PM 3:53  
TALLAHASSEE, FLORIDA

**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:**

Name of New Registered Agent:

RAMON CRUZ

New Registered Office Address:

6144 Royal Birkdale Dr.

Enter Florida street address

LAKE WORTH

City

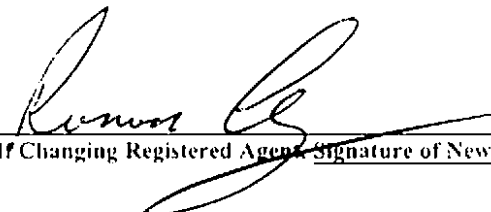
Florida

33463

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 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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
--------------	-------------	----------------	-----------------------

MGR	Lamon Cruz	6144 Royal Birkdale Dr	<input checked="" type="checkbox"/> Add
		Lake Worth FL 33463	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

MGR	Rachel Cruz	6144 Royal Birkdale Dr	<input checked="" type="checkbox"/> Add
		Lake Worth FL 33463	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

			<input type="checkbox"/> Change
			<input type="checkbox"/> Add

			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

			<input type="checkbox"/> Change
			<input type="checkbox"/> Add

			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

