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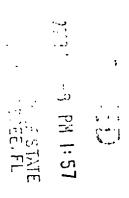
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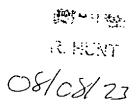
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COVER LETTER

TO:

Registration Section

Division of Co	rporations				
	E CRUZ SERVICES LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	AMADA FELIZ				
		Name of Person		_	
	AZOY TAX				
		Firm/Company		-	و د د د د
	4901 NW 17TH WAY SU	HTE 306			. ;
		Address		- : : :	c 5
	FORT LAUDERDALE, F	1. 33309		(3) (5) (4) (5) (4) (5)	ρĦ
		City/State and Zip Code		- 문장 - 문장	1:57
	AMADAF@AZOYTAX.C			. [57
	E-mail address: (to be used for future annual report noti	fication)		
For further information c	oncerning this matter, please c	all:			
AMADA FELIZ		954 229-1652			
Name o	f Person	at () Area Code Daytim	e Telephone Number	r	
Enclosed is a check for the	ne following amount:				
□ \$25.00 Filing Fee	■ \$30,00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Statu	
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL	porations alfahassec 2 Street, Suite 8	310	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JUAN JOSE CRUZ SERVICES LLC				
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our remitted Liability Company)	ecords.)		
The Articles of Organization for this Limited Liability Com	pany were filed on 04/30/2020	i	and assig	gned
Florida document number L20000116843				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	l liability company here:			
JUAN REMODELING LLC				
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation	"LLC" or the abbrevia	nion "L.L	.c."
Enter new principal offices address, if applicable:			_	
(Principal office address MUST BE A STREET ADDRES	<u></u>			
			ا بيا 	
		: ,	· ·	-
Enter new mailing address, if applicable:		<u>;</u> ,	င်္သ	
Mailing address MAY BE A POST OFFICE BOX)		(7) 5	7	
and the first of t		<u> </u>		نۍ،
				
B. If amending the registered agent and/or registered of	fice address on our records, or	nter the name of t	ho now	ranietz
igent and/or the new registered office address here:	on our records, <u>er</u>	ner the hame or c	<u>ne new</u>	registe
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street ac	ldress		
		, Florida		
	City		r 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Tide</u>	<u>Name</u>	Address	Type of Action
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing	(optional) g or more than 90 days after filing.	Pursuant to 605.0207
<u>lote:</u> If the date inserted in this block does not meet the applicable statutory ocument's effective date on the Department of State's records.	filing requirements, this date	will not be listed as
record specifies a delayed effective date, but not an effective time, at 12:01 at list filed.	a.m. on the earlier of: (b) The	e 90th day after the
5/./222		
ated $8/1/2023$		
sated 8/1/2023 Signature of a member or authorized represent		

Filing Fee: \$25.00