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(Re	equestor's Name)	
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## **COVER LETTER**

Division of Cor					
Cruz Ship, SUBJECT:					
SUBJECT:	Name of Lin	ited Liability Company	<del></del>		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
	ondence concerning this matter				
	Guillermo R. Cruz				
		Name of Person			
	Cruz Ship, LLC				
		Firm/Company			
	201 Arvida Pkwy				
		Address			
	Miami, FL 33156				
		City/State and Zip Code		. 5.	
	JDev@CruzBuildings.com			020	
For further information of	E-mail address: ( concerning this matter, please c	to be used for future annual report notifi all:	cation)	2020 OCT 19 PH 12: 5	
Jay Dev		305 439-6040		- 1 PH	
Name o	of Person	Area Code Daytime	Telephone Number	9 PH 12: 51	C
Enclosed is a check for t	he following amount:			·	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing For Certificate of S Certified Copy (additional copy is	Status &	

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cruz Ship, LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records. ted Liability Company)	
The Articles of Organization for this Limited Liability Comp	any were filed on 9/30/20	and assigned
Florida document number L20000304263		
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 L	iability 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	<u> </u>	
		202
		0
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		9
		2:
B. If amending the registered agent and/or registered offingent and/or the new registered office address here:	ce address on our records, <u>enter th</u>	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	<b>5</b> 1	ta.
<del></del>	, Flor	ida

## 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>	Type of Action
AMBR	Guillermo R. Cruz	201 Arvida Parkway	□ Add
		Miami, FL 33156	□Remove
			Change
AMBR	Rafael L. Cruz	401 Casuarina Concourse	□Add
		Coral Gables, FL 33143	□Remove
			<b>■</b> Change
			□Add
			□Remove
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Effective date, if other than the of an effective date is listed, the date must Note; If the date inserted in this blo document's effective date on the De	ck does not meet the applicab	date of filing or more than 90 date statutory filing requirement	_(optional) ays after filing.) Pursuant t nts, this date will not b	o 605.02 e list <b>e</b> d
record specifies a delayed effective d is filed.	date, but not an effective tim	e, at 12:01 a.m. on the earlie	er of: (b) The 90th day	after th
Dated October 13	. 2020			
Willia	Signature of a member or author	red representative of a member	<u> </u>	<del></del>
	Sistimate of a memory of gradies			