8/23/22, 4:41 PM

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : JSD & COMPANY PA

Account Number : 120190000114

: (786)286-2705

Fax Number

: (305)901-6024

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: ingcruz210@gmail.com

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416 25 2022

K. Brumbley

08/23/2022 4:50 PM

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited (A	RUPO 264 L Liability Compar Florida Limited L		ears on our records.)		
The Articles of Organization for this Limited Liab Florida document number <u>L21000014149</u>	ility Company	were filed on _	01/04/2021	and assig	gned
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of the	<u>ne limited liabi</u>	lity company	<u>here</u> :		
N/A The new name must be distinguishable and contain the word	de "Limited Lighili	ity Company " the	e designation "LLC" or the	abbreviation "L.L	C."
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET)	le:	7835 Socia	1 Cir		
Enter new mailing address, if applicable:		7835 Socia	ıl Cir.		
(Mailing address MAY BE A POST OFFICE BO	<u>0.x)</u>	Tampa, FL	33614		
B. If amending the registered agent and/or regagent and/or the new registered office address Name of New Registered Agent: New Registered Office Address:	CARLOS	S J. CRUZ S. ocial Cir. Enter I	ANCHEZ	ame of the new ALL ALLAS SEEL FLORE 33614	APPROVED FILED
	- IAMP	A City	, Florida	33614 ↔	

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.

CARLOS J. CRUZ

If Changing Registered Agent, Signature of New Registered Agent

From: JSD & COMPANY CPA Fax: 13059015793

Fax: (850) 617-6383

To:

Page: 3 of 4

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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	CARLOS J. CRUZ SANCHEZ	7835 Social Cir.	□Add
		Tampa, FL 33614	□ Remove
AMBR	ROSSANY N. GARCIA GARCIA	7835 Social Cir.	
		Tampa, FL 33614	□Remove
			□Change
			Remove
			Remove
			□Change
			⊒Add
			□Remove
			□Add
			□Remove
			⊐Change

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To:

N/A	
	
 	
<u></u>	
Effective date, if	other than the date of filing: N/A (optional)
and the state of the state of the	listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
document's effect	ive date on the Department of State's records.
e record specifies:	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ord is filed.	
Dated	August 22 , 2022
	CARLOS J. CRUZ
	Signature of a member or authorized representative of a member
	Signature of a member of manifestate representative