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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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O SIMMONS
MAR 14 2022

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations			
eunicze.	CruiserNati	n3 L.L.C.			
SUBJECT:		Name of Limited Liability Company			
The angleses	f Amiolog of	Amandment and facts are sub-	mittad for films		
		Amendment and fee(s) are sub-			
Please return	all correspo	ndence concerning this matter	to the following:		
		Fabrizio Lengua			
			Name of Person		
		ZenBusiness INC.			
			Firm/Company		
		5511 Parkerest Dr. Suite 10	03		
			Address		
		Austin, TX 78731			
			City/State and Zip Code		
		fulfillment@zenbusiness.co		···	
For further i	nformation c	n-mail address: o oncerning this matter, please ca	to be used for future annual report not	incation)	
		oncerning this matter, please ea			
Fabrizio Lea			at () Area Code 237-7349 Daytin		
	Name o	f Person	Area Code Daytin	ie Telephone Number	
Enclosed is a	a check for th	ne following amount:			
■ \$25.00 I	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)	
	iling Addres gistration S		<u>Street Address:</u> Registration Se	ection	
Di	vision of C	Corporations	Division of Co	Division of Corporations	
P.C	D. Box 632	.7	The Centre of	Fallahassee	

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED OF

2022 HAR -4 PM 2: 26

CruiserNatn3 L.L.C.	CENCT, 10M ACE	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears of our records.),	1.1.1.1.
he Articles of Organization for this Limited Liability Company		_ and assigned
lorida document number 1.21000110561		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
ne new name must be distinguishable and contain the words "Limited Liabi"	lity Company," the designation "LLC" or the abbr	eviation "L.L.C."
nter new principal offices address, if applicable:	1041 Ohana way	
Principal office address MUST BE A STREET ADDRESS)	unit 207	
	North Port, FL 34289	
nter new mailing address, if applicable:	1041 Ohana way	
Mailing address MAY BE A POST OFFICE BOX)	unit 207	
	North Port, FL 34289	
3. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the name	of the new regist
New Registered Office Address:		
New Neglatered Office Address.	Enter Florida street address	
	, Florida	_ <u>-</u> .
	City	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>	Address	Type of Action
AMBR	gerald tate	1041 Ohana way unit 207	□Add
		North Port, FL 34289	□Remove
			■ Change
			□Add
			□Remove
			☐Change
			□Add
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			□Change

Page 2 of 3

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Effective date, if other than t (If an effective date is listed, the date is Note: If the date inserted in this document's effective date on the	ne date of filing:	(optional) 90 days after filing.) Pursuant to 605.0207 (3 rements, this date will not be listed as the
the record specifies a delay) The 90th day after the r	ed effective date, but not an effective time, a ecord is filed.	at 12:01 a.m. on the earlier of:
Dated	. 2022	
	/s/ gerald tate Signature of a member or authorized representative of a mer	mher
	mental of a mental of additional expresentative of a med	
gerald tate		•

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Filing Fee: \$25.00