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## COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

CORTES'S STEELIG CREW LLC SUBJECT: \_\_\_\_ 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: MARCOS ANTONIO CORTES RUIZ Name of Person CORTES'S STEELING CREW LLC Firm/Company 11926 ALAFAYA WOODS CT Address ORLANDO FL 32826 City/State and Zip Code jcanal@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MARCOS A CORTES RUIZ Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. ■ \$30.00 Filing Fee & ☐ \$25.00 Filing Fee Certificate of Status & Certified Copy Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section **Division of Corporations Division of Corporations** The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CORTESS STEELING CRW LLC		<u></u>
( <u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
he Articles of Organization for this Limited Liability Compar	ny were filed on 05/27/2021	and assigned
orida document number L21000247661		
nis amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liz	ability company here:	
ORTES STEELING CREW LLC		
ne new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the ab	breviation "L.L.C."
nter new principal offices address, if applicable:	11926 ALAFAYA WOODS CT	<u> </u>
Principal office address MUST BE A STREET ADDRESS)	ORLANDO FL 32826	
nter new mailing address, if applicable:		
failing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered office	e address on our records, enter the nam	e of the new regis
ent and/or the new registered office address here:		621
Name of New Registered Agent: N/A		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address , Florida	
	Florida	12
	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 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
			□Add
			Remove
			Change
			□ Add
		Remove	
			☐ Change
	<del></del>		□Add
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Effectiv	e date, if other than the date of filing: (optional)
If an effe	ctive date is 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 ( If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t
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Note: I	nt's effective date on the Department of State's records.
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