

621000409704

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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FILED

2022 MAR 31 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS

APR 04 2022



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 MAR 31 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FL

March 18, 2022

VICTOR CRUZADO
281 SE VERADA AVE
PORT ST LUCIE, FL 34983

SUBJECT: CRUZADO PROPERTIES LLC
Ref. Number: L21000409704

We have received your document for CRUZADO PROPERTIES LLC and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 022A00006451



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 26, 2022

VICTOR CRUZADO, LLC
281 SE VERADA AVE.
PORT SAINT LUCIE, FL 34983

Subject:
RE: 922A00004794

We have received your document for the above Fictitious Name ; however, the document **has not been filed** and is being returned for the following:

APPEARS YOU ARE FILING TO CHANGE THE NAME OF YOUR LLC WHICH YOU NEED TO FILE AN AMENDMENT. I AM ENCLOSING THE AMENDMENT APPLICATION TO BE FILLED OUT AND MAILED BACK TO GET THIS AMENDMENT PROCESSED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

Should you have any questions regarding this matter you may contact our office at (850) 245-6058.

WILLIAM LAWRENCE
Reinstatement Section
Division of Corporations

Letter No. 922A00004794

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Name Change From Cruzado Properties LLC, To Victor Cruzado, LLC.
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:

Victor Cruzado
Name of Person

Victor Cruzado, LLC
Firm/Company

281 SE Verada Ave
Address

Port St. Lucie FL 34983
City/State and Zip Code

Vj. Cruzado. 1718@Gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Victor Cruzado at (772) 882-0488
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|--|--|--|

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

FILED

2022 MAR 31 PM 2: 22

SECRETARY OF STATE
TALLAHASSEE, FL

Cruzado Properties LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/15/2021 and assigned
Florida document number L21000409701

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Victor Cruzado, LLC

The new name must be distinguishable and contain the words "Limited Liability 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)

281 SE Veranda Ave,
Port St Lucie FL, 34983

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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

[illegible]

[illegible]

(If an effective 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 (3)(b)

If the 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 record is filed.

Signature of a member or authorized representative of a member

Victor Cruzado
Typed or printed name of signee

Typed or printed name of signee

Filing Fee: \$25.00