## 122000065676

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## **COVER LETTER**

TO: Registration S Division of Co				
	ENTERPRISES LLC			٠.
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	JUAN CRUZ			
	<del></del>	Name of Person		
	CRUZIN ENTERPRISES	SLLC		
•		Firm/Company		
215 N NEW RIVER DR E APT 3105				
	<del></del>	Address		
	FORT LAUDERDALE, F	L 33301		22
		City/State and Zip Code		2 SEP
	CRUZINENTERPRISESU	.LC@GMAIL.COM  to be used for future annual report not	(fication)	P 16
For further information	concerning this matter, please c	•	,	7 A
JUAN CRUZ	, , , , , , , , , , , , , , , , , , ,	404 884 2652		22 SEP 16 AM 10: 02
	of Person	at ()	ne Telephone Number	_ )2
Enclosed is a check for	tha Callangina amount			
\$25.00 Filing Fee      \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing For Sertificate of Certified Copy (additional copy in the copy i	Status & y
Mailing Addre Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee be Street, Suite 810	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## **CRUZIN ENTERPRISES 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 02/08/2022	and ass	igned
Florida document number L22000065676			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbrevia	ition "L.	L.C."
Enter new principal offices address, if applicable:	200 SOUTH ANDREWS AVE. SUITE 504	22	<u>-</u>
(Principal office address MUST BE A STREET ADDRESS)	FORT LAUDERDALE, FL 33301	<u>8</u>	711
Enter new mailing address, if applicable:	200 SOUTH ANDREWS AVE. SUITE 504		8 60 CA 60 C
(Mailing address MAY BE A POST OFFICE BOX)	FORT LAUDERDALE, FL 33301	— 0;	<u> </u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>enter the name of</u>	the new	<u>registere</u>
New Registered Office Address:	Enter Florida street address		
	, Florida		
	•	ip Code	
New Registered Agent's Signature, if changing Registered Agent:	ee to act in this capacity. I further agree t	o comp iar wit	lv with th

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
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			□Change
			⊡Add
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e: If the date inserted in this block	does not meet the applicable statutor	ng or more than 90 days after filing.) Pursuan ry filing requirements, this date will not	
ument's effective date on the Depa	rtment of State's records.		
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s filed.	me. out not an effective time, at 12.01	tann on the carner of (v) The roth a	aj unci m
, SEPTEMBER 13	2022		
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