h22 000068987

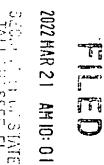
(Requestor's Name)				
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	■ WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Do	cument Number)			
Cartified Conies	Certificates	e of Status		
Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:			
1				
ļ				
ļ				
[
<u> </u>	 	<u> </u>		





600383998576

03/21/22--01025--025 **25.00



of 11/2022

COVER LETTER

TO: Registration S Division of Co			•	
CRUSA C	GROUP LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles o	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	condence concerning this matter	to the following:		
	ANTONIO REGOJO			
	Name of Person			
	REGOJO LAW, PA			
	Firm/Company			
	12550 BISCAYNE BLVD STE 110			
		Address		
	MIAMI, FL 33181			
		City/State and Zip Code		
	AREGOJO@REGOJOLAV			
The Coak of the Comment of		to be used for future annual report notified	ation)	
	concerning this matter, please or			
ANTONIO REGOJO		305 814-8299 at ()		
Name	of Person	Area Code Daytime T	elephone Number	
Enclosed is a check for	the following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing Addr</u> Registration		<u>Street Address:</u> Registration Secti	ion	
Division of Corporations		Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 MAR 21 AM 10: 01

CRUSA GROUP LLC		SECKE). OF STAT	
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)	TAELTHASSEE, FL	
The Articles of Organization for this Limited Liability Cor	mpany were filed on 02/09/2022	and assigned	
Florida document number L22000068987			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company here:		
The new name must be distinguishable and contain the words "Limite	d 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 ADDRE	<u></u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter the</u>	name of the new registered	
Name of New Registered Agent:		.	
New Registered Office Address:	Enter Florida street address		
	, Florid	da Zip Code	
New Registered Agent's Signature, if changing Registered	Agent:	·	
I hereby accept the appointment as registered agent ar provisions of all statutes relative to the proper and con			

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
MGR	Greivin Ordenana Astorga	8767 The Esplanade, Unit 36	<u>≡</u> ∧dJ
		Orlando, FL 32836	□Remove
		 	□Change
			□Add
		 :	□Remove
			□ Change
			□Add
			Remove
			☐ Change
		DAJd	
			□Remove
			☐ Change
		□Add	
		□Remove	
		☐ Change	
			DAdd
		□Remove	
		☐ Change	

