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COVER LETTER

TO: Registration Se Division of Cor			
CRUSA GE	ROUP LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ORDENANA ASTORGA	, GREIVIN EDUARDO	
		Name of Person	
	CRUSA GROUP LLC		
		Firm/Company	
	8000 ESSEX POINT CIRC	CLE APT 1220	
		Address	
	ORLANDO, FL 32819		
	<u></u>	City/State and Zip Code	
	greivin09ord@live.com	to be used for future annual report no	tifustion)
For further information of	oncerning this matter, please o	•	carony
ORDENANA ASTORG	A, GREIVIN EDUARDO	689 243 -5621	
Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 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)
Mailing Addres Registration		Street Address: Registration S	ection
Division of C	Corporations	Division of Co The Centre of	•
P.O. Box 632 Tallahassee,			oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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CRUSA GROUP LLC			
(Name of the Limi	ted Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)	<u></u> پ
The Articles of Organization for this Limited L		were filed on <u>02/09/2022</u>	and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liabi	lity company here:	
The new name must be distinguishable and contain the	words "Limited Liabili	ty Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	BOX)		
			
B. If amending the registered agent and/or agent and/or the new registered office address.	_	ddress on our records, <u>enter the</u>	name of the new registe
Name of New Registered Agent:	Iliana Campos L	aw Firm PLLC c/o Iliana Campos, E	sq
New Registered Office Address:	8401 Lake Worth Road Ste 128		
		Enter Florida street address	
	Lake Worth	F71 . * 4	. 33414

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>	Name	Address	Type of Action
			□Remove
			□Add
			Remove
			□Change
			□Remove
			□Change
			□Add
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			\ _Add
			□ Remove
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			□Add
			□ Remove

Fective date, if other than the date of filing: 11/13/2024	ORDONEZ LUCOVICH, MARIA ALEJANDRA = 20%	
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