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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : IDEAS CARVAJAL LLC

Account Number : I20220000006 Phone : (321)333-5565 Fax Number : (487)565-5637

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address plea

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# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN E-CRUISING, LLC

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### **COVER LETTER**

E-CRUISII	NG, LLC		
	Name of Lin	nited Liability Company	
Articles of	Amendment and fee(s) are sub	omitted for filing.	
all correspo	ondence concerning this matter	to the following:	
	JOAL RODRIGUEZ		
		Name of Person	
	E-CRUISING, LLC		
		Firm/Company	1-11-11-11-11-11-11-11-11-11-11-11-11-1
	300 S ORANGE AVESTE	E. 1000	
		Address	
	ORLANDO, FL 32801		
	<del></del>	City/State and Zip Code	
			restitestion)
ormation c		·	nottheadony
IGUEZ		321 333-556	5
Name o	f Person		ytime Telephone Number
check for th	ne following amount:		
ling Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Foe & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
stration S	Section	Street Address Registration Division of	Section
	Formation of Corner of Cor	Articles of Amendment and fee(s) are subsided all correspondence concerning this matter  JOAL RODRIGUEZ  E-CRUISING, LLC  300 S ORANGE AVESTE  ORLANDO, FL 32801  INFO@GOALBRIDGEG.C  E-mail address: (formation concerning this matter, please concerning this matter, please concerning this matter, please concerning this matter.)  Singuez  Name of Person  Check for the following amount:  Ling Fee   \$30.00 Filing Fee &	Name of Limited Liability Company  Articles of Amendment and fee(s) are submitted for filing.  all correspondence concerning this matter to the following:  JOAL RODRIGUEZ  Name of Person  E-CRUISING, LLC  Firm/Company  300 S ORANGE AVESTE. 1000  Address  ORLANDO, FL 3280)  City/State and Zip Code  INFO@GOALBRIDGEG.COM  E-mail address: (to be used for future annual report  formation concerning this matter, please call:  IGUEZ  Name of Person  Check for the following amount:  Ing Fee

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailling 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  Florida  Florida	E-CRUISING, LLC			
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC".  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  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 address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida	(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our reconited Liability Company)	rds.)	<del></del>
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A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  Enter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  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 register and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida	Florida document number L22000188329			·
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:  Conter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX:  3. If amending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida	This amendment is submitted to amend the following:			
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New Registered Office Address:  Enter Florida street address , Florida	If amending the registered agent and/or registered off gent and/or the new registered office address here:	lce address on our records, <u>ente</u>	er the name o	
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, Florida	New Registered Office Address:			<u>.                                    </u>
		Enter Florida str <b>eet</b> addr	1835 · CI	
( /h) 7)_ C_d_		Cini, F	florida	Zin Cods
ew Registered Agent's Signature, if changing Registered Agent;		<del></del>		

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

Title	Name	Address	Type of Action
AMBR	Paulina Cardenas de la Rosa	300 S ORANGE AVESTE. 1000	<b>B</b> Add
		ORLANDO, FL 32801	
			☐ Change
			DAdd
			□Remove
			Change
			□Add
			Romove
			Change
			□Add
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			Change
			DAdd
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			Remove
			□Change

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<u>rigie:</u> li	a date, if other than the date of fling:
e record rd is filed	specifics a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the i.
	414012020
Dated _	11/19/2024
Dated _	Joal Roduges  Signature of a member or patronized populantative of a member

Filing Fee: \$25.00