

L23 000 024 857

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

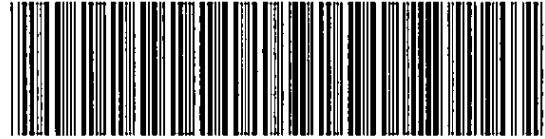
(Business Entity Name)

(Document Number)

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01/30/23 01013 012

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CRUZ AFFORDABLE PAINTING 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:

ALEX J CRUZ

\_\_\_\_\_  
Name of Person

CRUZ AFFORDABLE PAINTING LLC

\_\_\_\_\_  
Firm/Company

606 JEFFREY LN

\_\_\_\_\_  
Address

LYNN HAVEN, FL 32444

\_\_\_\_\_  
City/State and Zip Code

CRUZAFFORDABLEPAINTINGLLC@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEX J CRUZ

850

624-3140

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone 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)

☐ \$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

**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>	<u>Address</u>	<u>Type of Action</u>
MGR	GERSON G. CRUZ	4861 RIVERSIDE DR	<input type="checkbox"/> Add
		FORT MYERS, FL 33905	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ALEX J. CRUZ	606 JEFFREY LN	<input checked="" type="checkbox"/> Add
		LYNN HAVEN, FL 32444	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 1/24/2023

Gerson G Cruz  
Typed or printed name of signee