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(City/State/Zip/Phone #)

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(Business Entity Name)

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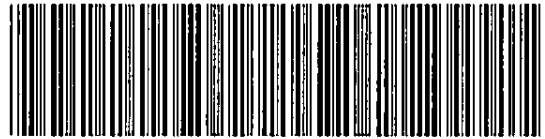
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CRUZ ABREGO 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:

YEILY CRUZ ABREGO

Name of Person

CRUZ ABREGO LLC

Firm/Company

4725 BRYAN AVE

Address

BOWLING GREEN, FL 33834

City/State and Zip Code

TESSA@GITS.BIZ

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

For further information concerning this matter, please call:

YEILY CRUZ ABREGO

863 245-7552
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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

[illegible]

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 FEBRUARY 23, 2024

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00