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Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

COVER LETTER

TO: Registration Se Division of Cor				
	CONSTRUCTION LLC			
SUBJECT:	Name of Limi	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
	ndence concerning this matter			
	ALFJANDRO CRUZ			
		Name of Person		
	CRUZITO CONSTRUCT	ION LLC		
		Firm/Company		
	1010 CARIBBEAN AVE			
		Address		
	FORT PIERCE FL 34982			
		City/State and Zip Code		₩
	E mail addesses (to be used for future annual report no	tification)	DZ4H SECH
For further information c	oncerning this matter, please of		(incution)	SECRETARY OF ST
ALEJANRO CRUZ		772 777-9123		ASSE ASSE
Name o	f Person		me Telephone Number	7:36 STATE E. FL
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &
Mailing Address Registration S Division of C P.O. Box 632	Section Corporations	Street Address: Registration S Division of Co The Centre of	orporations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	ted Liability Company as it now appe (A Florida Limited Liability Company	ears on our records.)
The Articles of Organization for this Limited I. Florida document number 1.24000200919	iability Company were filed on	04/30/2024 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company	<u>here</u> :
N/A		
The new name must be distinguishable and contain the	words "Limited Liability Company," the	e 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)	2024 HAY
Enter new mailing address, if applicable:		7F:2 6 5
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	Symple 1 3
B. If amending the registered agent and/or agent and/or the new registered office addre		records, enter the name of the new registered
Name of New Registered Agent:	ALFJANDRO CRUZ	
New Registered Office Address:	1010 CARIBBEAN AVE	
<u> </u>	Enter F	lorida street address
	FORT PIERCE	, Florida ³⁴⁹⁸²
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

CRUZITO CONSTRUCTION LLC

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>	<u>Name</u>	<u>Address</u>	Type of Action
AR	GAMEZ ESTEFANY	7604 JAMES RD	Add
		FORT PIERCE, FL 34951	Remove
			□Change
AR	ALEJANDRO CRUZ	1010 CARIBBEAN AVE	■Add
		FORT PIERCE, FL 34982	
			Change
			GEORE ARY OF STATE
			Remove
			☐Change
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<u>ote:</u> If	the date inserted in this bloc	k does not r	neet the applic	cable statute	ory filing requi	rements, this o	ate will not be	listed a
ocumen	t's effective date on the Dep	artment of S	state's records					
record s	specifies a delayed effective	date, but not	an effective t	ime, at 12:0	Ha.m. on the	earlier of: (b)	The 90th day	after the
is filed						. ,		
	5/10/2024		12:01 a.m.					
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