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(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

	Registration So Division of Co			
SUBJEC		O CONSTRUCTION LLC		
SUBJEC	. 1 :	Name of Lin	nited Liability Company	
The enck	osed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		JOSE MATOS		
			Name of Person	
		MATOS INCOME TAX S	SERVICE	
			Firm/Company	
		6705 S US HIGHWAY 1		
			Address	
		PORT ST LUCIE , FL 34	952	
		j_958@hotmail.com	City/State and Zip Code	
			to be used for future annual report no	tification)
For furth	er information e	oncerning this matter, please c	all:	
Jose Mai	ios		772 521-5442	
	Name o	f Person	Area Code Dayiii	ne Telephone Number
Enclosed	is a check for th	ne following amount:		
& 0 S25.0	90 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		Street Address:	
	Registration S Division of C		Registration Se Division of Co	
	P.O. Box 632			rporations T. U. L.

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

CRUZITO CONSTRUCTION LLC		
(Name of the Limited Liability Company a (A Florida Limited Liabil	s it now appears on our records.) ity Company)	
The Articles of Organization for this Limited Liability Company wer	e filed on <u>04/30/2024</u>	and assigned
lorida document number <u>L24000200919</u>		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liability	company here:	
N/A		
he new name must be distinguishable and contain the words "Limited Liability C	ompany," the designation "LLC" o	r the abbreviation "L.I.,C."
inter new principal offices address, if applicable:	N/A	202
Principal office address MUST BE A STREET ADDRESS)	·-··	
_		
	1	ω
nter new mailing address, if applicable:	N/Δ	
Mailing address MAY BE A POST OFFICE BOX)	 i	- · · ·
		05 20
-		
. If amending the registered agent and/or registered office addr gent and/or the new registered office address here:	ess on our records, enter th	e name of the new registi
	j	
Name of New Registered Agent:	NA	
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
	City:	Zip Code

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>	<u>Name</u>	<u>Address</u>	Type of Action
AP	EDWARD CASTILLO	1921 GRAND CLUB BLVD	
		FORT PIERCE, FL 34982	□Remove
			□Change
			
			□Remove
			□Change
			□Add
			□Remove
			□ Change
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ffective date, if other than the can effective date is listed, the date must sote: If the date inserted in this blo occurrent's effective date on the De	ck does not meet if	he applicable sta	of filing or more than 9 tutory filing require	(optional) Odays after filing.) Poments, this date will	a suant to 605,920° I not be listed as
record specifies a delayed effective Lis filed.	date, but not an eff	fective time, at	12:01 a.m. on the ea	rlier of: (b) The 9	3th day after the
ated JUNE 08	. 20.	24			
-	senature of a membe	er or authorized re	presentative of a mem	bei	
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Filing Fee: \$25.00