

L24000362744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

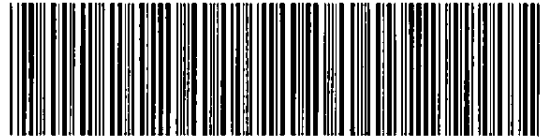
(Document Number)

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2024 SEP 23 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FL

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COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: Cruz's Services 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:

Oscar C Cruz

Name of Person

Cruz's Services LLC

Firm/Company

17085 sw 144th pl

Address

Miami, FL 33177

City/State and Zip Code

tiradolaura@icloud.com

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

2024 SEP 23 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

Oscar C Cruz at (786) 553-3403
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: Cruz's Services LLC

SECOND: The Florida Document number of the limited liability company is: L 24000362744

THIRD: Document to be corrected is: Authorized Person(s) Detail

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

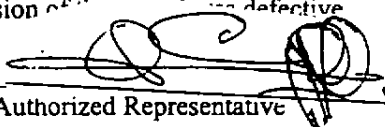
- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Authorized Person(s) Detail
Show on said now: None
Correct = Oscar C. Cruz

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

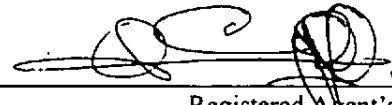
OR

- ☐ The electronic transmission of the document was defective
-  9-15-2024
Signature of Authorized Representative Date

Signature of new registered agent, if applicable : (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

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.


Registered Agent's Signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)