## Division of Corporations

**Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN K & E FAMILY ESTATE LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

K & E Family Estate LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on and assigned and assigned Florida document number L22000392512
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
Cross Family Estate LLC
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new regist agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:  Enter Florida street address
, Florida
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 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

Title	Name	Address	Type of Action
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			□Remove
			☐Change
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			□Remove
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ffective date, if other than the date an effective date is listed, the date must be some If the date inserted in this block document's effective date on the Depart	pecific and cannot be prior loss not meet the applica	to date of filing or more able statutory filing re	(optional) than 90 days after filing.) P quirements, this date wi	ursuant to 605,0207 ( ill not be listed as t
record specifies a delayed effective date I is filed.	e, but not an effective til	ne, at 12:01 a.m. on t	he earlier of: (b) The S	90th day after the
sated September 26	, 2022			
	ature of a member or autho	<u> </u>		
Sign	nure of a member or author	rized representative of a	member	
Morgan Noble				

Filing Fee: \$25.00