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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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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 **CROSS FAMILY ESTATE LLC**

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C. BRUMBLEY

SEP 2 9 2022

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

Cross Family Estate LLC	
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liab Florida document number L22000392512	oility Company were filed on 09/08/22 and assigned
This amendment is submitted to amend the follow	ring:
A. If amending name, enter the new name of the	he limited liability company here:
The new name must be distinguishable and contain the work	ds "Limited Liability Company," the designation "LLC" or the abbreviation "B.C."
Enter new principal offices address, if applicab	ole:
(Principal office address MUST BE A STREET.	ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BC	OX)
B. If amending the registered agent and/or reg	istered office address on our records, <u>enter the name of the new register here</u> :
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Re	City Zip Code

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	CROSS, EMILY	7901 4TH ST N STE 300	□ Add
		ST. PETERSBURG, FL 33702	⊠Remove
			□ Change
			□Add
			Remove
			□ Change
			□Add
			Remove
			□ Change
			🗆 Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			DAdd
			□Remove
			□ Change

Effective date, if other than the date of filing: [In an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 603 60207. Mate: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (h). The 90th day after the not is filled. Dated September 28 2022 Signature of a member or authorized representative of a member. Morgan Noble						
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