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EXAMINER

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RECRETARY OF STATE

COVER LETTER

TO:

Registration Section **Division of Corporations**

SURJECT: Crossro	oads Outdoor LLC				E
		ited Liability Company)			_
					•
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspondence	ndence concerning this matter	to the following:			
	Libby Restuccio			•	
		(Name of Person)			
	Semper Woods, P.A.	•		•	
•		(Firm/Company)			
	425 W. Colonial Dr. Ste.	204	⊼ ,,	· ~	
	420 W. Odiomai Br. Gtc.	(Address)		7000 JUN -9	400
			H A		£ [
	Orlando, FL 32804		<u>S</u>	5 5	1
		(City/State and Zip Code)		·	
For further information c	oncerning this matter, please c	all:		A 10: 2	O
			ORIDA	25	
Libby Restuccio		at (407) 650-8133			
(Name of Person)		(Area Code & Daytime To	elephone Number)		
		·			
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)	□\$60.00 Filing F Certificate of Certified Cop (additional co	Status &	losed)
Registr Divisio P.O. Bo	ation Section of Corporations ox 6327 essee, FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns %		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Crossroads Outdoor LLC	Company of the second of the s	Sanda)		
(A Florida	y Company as it now appears on our reco Limited Liability Company)	oras.		
The Articles of Organization for this Limited Liability (Florida document number L01000000151	Company were filed on January 3, 2001	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	nited liability company here:			
Unity Land Management, LLC				
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Company," the desig	mation-ILLC" or the abbreviation		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD)	RESS)	SSE -		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		A 10: 25 EE, FLORIDA		
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:	(Enter Florida street address)			
	***	••		
		orida (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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jonathan D. Woods	425 W Colonial Dr Ste 204 Orlando, FL 32804	Add Remove
MGR	James J McCarthy	425 W Colonial Dr Ste 204 Orlando, FL 32804	Add Remove
			AddRemove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter	change(s) here: (Attach additional sheets, if necd	
-		<u> </u>	D 0:25
Dated	Signature of a signat	2008	
	41	Typed or printed name of signee Page 2 of 2	5

Filing Fee: \$25.00