

L060000002627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

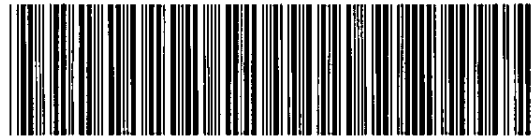
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/30/13--01001--022 **25.00

FILED
13 OCT 29 PM 4:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend
10/29/13

RONALD D. SURRENCY

ATTORNEY AT LAW
200 NE 1ST Street
Gainesville, FL 32601
Telephone: (352) 376-4671
Facsimile: (352) 376-6017
E-mail: Ronald_Surrency@yahoo.com

General Practice
Personal Injury

Family Law, Real Estate
Probate and Wills

28 October 2013

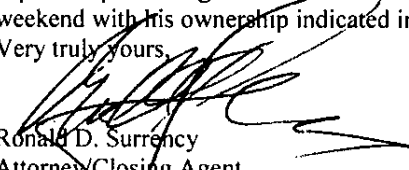
Division of Corporations
Attn: Michelle Milligan
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Articles of Amendment to Articles of Organization of Cross Creek Groves, LLC

Dear Ms. Milligan:

Enclosed for filing as discussed please find the above referenced Articles of Amendment together with Trust Account Check for the \$25 filing fee. Thank you for your consideration and courtesy in the expedited processing of this document so that the new owner of the LLC may open his business before the weekend with his ownership indicated in the Sunbiz records.

Very truly yours,



Ronald D. Surrency
Attorney/Closing Agent
352-538-2423

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CROSS CREEK GROVES, 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:

TIMOTHY PAUL WEBB

Name of Person

CROSS CREEK GROVES, LLC

Firm/Company

P.O. BOX 101, Hawthorne, FL 32640

Address

City/State and Zip Code

TWEBB@CROSSCREEKGROVES.COM

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

For further information concerning this matter, please call:

Ronald D. Surrency, Attorney at (352) 376-4671

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the 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 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

FILED

13 OCT 29 PM 4:18

CROSS CREEK GROVES, L.L.C.

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 1/5/2006 and assigned
Florida document number L06000002627.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SAME

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

SAME

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

SAME

(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 registered agent and/or the new registered office address here:

Name of New Registered Agent:

Timothy Paul Webb

New Registered Office Address:

6609 SE Hwy 301, Hawthorne, FL 32640

Enter Florida street address

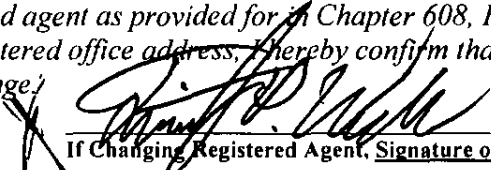
Florida

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 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 Changing Registered Agent, Signature of New Registered Agent

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:

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MGR = Manager

MGRM = Managing Member

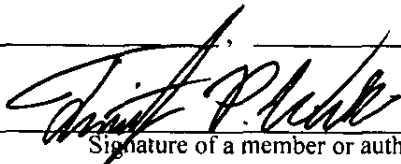
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Richard W. Hughes	P.O. Box 101, Hawthorne, FL 32640	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
MGRM	Janice I. Hughes	P.O. Box 101 Hawthorne, FL 32640	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
MGRM	Timothy Paul Webb	P.O. Box 101, Hawthorne, FL 32640	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

X
Dated

X




Signature of a member or authorized representative of a member

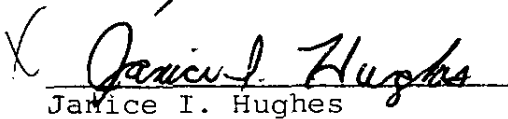
Timothy Paul Webb

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

X 
Richard W. Hughes

X 
Janice I. Hughes

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