L07000101937

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O. BRUCE

COVER LETTER

	distration Section of Corp						
SUBJECT:	Cross Flo						
SUBJECT:							
The enclosed	d Articles of A	mendment and fee(s) are sub	mitted for filing.				
Please return	all correspon	dence concerning this matter	to the following:				
Merlin Neil Stevens							
		Name of Person					
		Firm/Company P.O. Box 75					
	Address						, . .
		Hastings, Fl. 32145 City/State and Zip Code			~ 2		,
					2014 NOV		
	Crossfla.wireless@cfl.rr.com E-mail address: (to be used for future annual report notification)						
For further in	nformation co	E-mail address: (·	ation)	-3 PM		·
Merlin Ne	eil Stevens		904 669-7972		1 2: 2 FLOR	(
	Name of	Person	Area Code Daytime T	Felephone Number	Çiri o		
Enclosed is a	check for the	following amount:					
□ \$25.00 F	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Certified Contact (additional contact)	of Status &		

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

Cross Florida Wireless Contractii						
(<u>Name of the Limited Liahi</u> (A Florid	ility Company as it now appears on our da Limited Liability Company)	records.)				
The Articles of Organization for this Limited Liability Florida document number L07000101937	Company were filed on October	8, 2007 and assigned				
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the lin	nited liability company here:					
The new name must be distinguishable and end with the words "L	imited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:		12.				
Principal office address MUST BE A STREET ADD	PRESS)					
		Z 1				
		SSI 3				
Enter new mailing address, if applicable:		ig 😦 🎵				
Mailing address MAY BE A POST OFFICE BOX)		SE S C				
· · · · · · · · · · · · · · · · · · ·		₩ 26				
B. If amending the registered agent and/or registered agent and/or the new registered office ad		records, enter the name of the n				
Name of New Registered Agent:	······································					
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·					
	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 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member **Title** Name Address **Type of Action** Valentin Jimenez **AMBR** 508 S.E. Wenona Ave. Ocala, Fl. 34471 ■ Add ☐ Remove □ Add ☐ Remove ☐ Add ☐ Remove ☐ Add Remove ☐ Remove □ Add □ Remove

amenang any omer mormation, ente	r change(s) here: (Attach additional sheets, if	necessary.)
	,	
fective date, if other than the date of fi e effective date must be specific, cannot be prior t e date this document is filed by the Florida Depar	o date of receipt or filed date and cannot be more than 90	optional) days after
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ted October 27	2014	
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Filing Fee: \$25.00

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