

L07000124430

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(City/State/Zip/Phone #)

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DIVISION OF CORPORATIONS  
09 JAN 22 AM 10:44

J. BRYAN

JAN 23 2009

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Cross City Cleaners, 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:

Anelia Futch  
(Name of Person)

Cross City Cleaners  
(Firm/Company)

97 NE 351 Hwy  
(Address)

Cross City, FL 32628  
(City/State and Zip Code)

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SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
09 JAN 22 AM 10:44

For further information concerning this matter, please call:

Anelia Futch at ( 352 ) 498-3828  
(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  
SECRETARY OF CORPORATIONS  
09 JAN 22 AM 10:45  
DIVISION OF CORPORATIONS

Cross City Cleaners, 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 12/14/07 and assigned  
Florida document number L07000124430.

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

97 NE 351 Hwy

Cross City, FL 32628

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

97 NE 351 Hwy

Cross City, FL 32628

**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:

Anelia Futch

New Registered Office Address:

97 NE 351 Hwy

(Enter Florida street address)

Cross City

(City)

Florida 32628

(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.*

Anelia Futch  
(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:**

**MGR = Manager**  
**MGRM = Managing Member**

| <u>Title</u> | <u>Name</u>          | <u>Address</u>                           | <u>Type of Action</u>  |
|--------------|----------------------|--|--|
| MGRM         | Anelia Futch         | 97 NE 351 Hwy. Cross City, FL 32628      | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| MGRM         | Angela D Land        | 5112 SE 55A Hwy, Old Town, FL 32680      | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGRM         | Katrina G. VanAernam | 179 NE 86th Street, Cross City, FL 32628 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
|              |                      |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                      |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                      |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 09 JAN 22 AM 10:55

Dated \_\_\_\_\_, \_\_\_\_\_.

*Katrina G. VanAernam*      *Anelia Futch*  
 Signature of a member or authorized representative of a member  
*Katrina G. VanAernam*      *Anelia Futch*  
 Typed or printed name of signee