L08000039656

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COVER LETTER

то:	Registration S Division of Co					
SUBJE	CT:	Cross	roads 1, LLC			
			ted Liability Company			
The end	closed Articles of	Amendment and fee(s) are sub-	omitted for filing.			
Please 1	return all corresp	ondence concerning this matter	to the following:			
			Andrew Szymanski			
			Crossroads 1, LLC			
	Firm/Company					
	614 E. Hwy 50, # 231 Address					
	Clermont, Florida 34711					
	City/State and Zip Code andy.szymanski@hotmail.com E-mail address: (to be used for future annual report notification)					
For furt	ther information	econcerning this matter, please c	·	notification)		
Andrew Szymanski		at (<u>407</u>) Area Code & Da	574-2	042		
	Name :	of Person	Area Code & Da	aytime Teleph	one Number	
Enclose	ed 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 enc.)	<u> </u>	\$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/CO Registration S Division of Co Clifton Buildi 2661 Executiv Tallahassee, F	ection orporations ng /e Center Cir			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Zip Code

SECRETARY OF STATE Crossroads 1, 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 October 31, 2008 and assigned L08000039656 Florida document number 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) Enter new mailing address, if applicable: (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: New Registered Office Address: Enter Florida street address

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.

City

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 **Title** Name **Address Type of Action** MGRM Samuel W. Blair 1897 Grove Terrace ✓ Add The Villages, Florida 32162 Remove Remove ☐ Add Remove ☐ Add Remove □Add Remove \prod Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) August 30 2012 Dated ____ Signature of a member or authorized representative of a member ✓ Andrew Szymanski Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00