

L080000093770

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SEP 28 2009

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2009 SEP 25 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CrossLink Consulting 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:

LISA W. STEVENS
Name of Person

CrossLink Consulting LLC
Firm/Company

1440 SW Covered Bridge Rd.
Address

PALM CITY, FL, 34990
City/State and Zip Code

Firebush Girl @ YAHOO. com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LISA W. STEVENS at 772 204-6185
Name of Person Area Code & Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

Crosslink Consulting 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 OCT. 3, 2008 and assigned
Florida document number L08000093770

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CLERK OF THE COURT
TALLAHASSEE, FLORIDA

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**)

1440 SW Covered Bridge Road
Palm City, FL 34990

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

1440 SW Covered Bridge Road
Palm City, FL 34990

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:

Lisa W. Stevens

New Registered Office Address:

1440 SW Covered Bridge Road
Enter Florida street address
Palm City, Florida FL 34990
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.

Lisa W. Stevens
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

Title	Name	Address	Type of Action
<u>Pres</u>	<u>William A. Stevens</u>	<u>272 SW LAMA AVE.</u> <u>PORT ST LUCIE, FL 34953</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>President</u>	<u>Lisa Wiley Stevens</u>	<u>1440 SW GUNN</u> <u>BRIDGE ROAD</u> <u>PALM CITY, FL 34990</u>	<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
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

LISA W. STEVENS HAS BEEN GRANTED
100% OWNERSHIP OF CROSSLINK CONSULTING LLC
EFFECTIVE AUG. 13, 2009 AND IS
NOW CONSIDERED PRESIDENT AND OWNER

Dated SEPT. 21, 2009.

William A. Stevens / Lisa W. Stevens
Signature of a member or authorized representative of a member
William A. STEVENS / Lisa W. Stevens
Typed or printed name of signee