L10000022960

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



800213091508

10/17/11--01033--007 **25.00

M OCT 17 PH 4: 3:

J. BRYAN

OCT 18 2011

EXAMINER

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Crossroads T	exashldembbq, LLC	
		ted Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
		Richard Storfer	TOCT IT PH 4: 32
		Name of Person	8 7
	Rice Puga	atch Robinson & Schiller, P.A	
		Firm/Company	
	101	NE 3rd Ave, Suite 1800	74 7
		Address	
	Ft.	Lauderdale, FL 33301	
		City/State and Zip Code	
	ŗ,	storfer@rprslaw.com	4'
		to be used for future annual report notifica	tion)
For further information	concerning this matter, please of	call:	
R	ichard Storfer	at (954) 33	31 1280
Name	of Person	Area Code & Daytime T	elephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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		STREET/COURIED Registration Section	R ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Crossroads	Texashldembb <u>q,</u>	LLC		
(<u>N</u> an	ne of the Limited Liability (A Florida L	Company as it now appea imited Liability Company)	ars on our records.)		
The Articles of Organization fo		ompany were filed on	March 1, 2010	and assigned	
Florida document number	110000022960	 •	,	8 -	
This amendment is submitted t	•	ad liability sommany bo		and assigned	
A. If amending name, enter	the new name of the fimil	ес павшту сотрану пе	ere;	ين الم	
The new name must be distinguis	shable and end with the word	ds "Limited Liability Comp	pany," the designation "L	LC" or the abbreviation	
Enter new principal offices a	ddress, if applicable:				
(Principal office address MUS	ST BE A STREET ADDR	ESS)			
Enter new mailing address, i	f applicable:				
(Mailing address MAY BE A.	POST OFFICE BOX)				
B. If amending the registe registered agent and/or the n			our records, enter th	e name of the new	
Name of New Registe	ered Agent:				
New Registered Office	ce 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 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:

MGR = Manager

MGRM = Managing Member **Type of Action Title** <u>Name</u> Address MGR Glenn Serrano 7362 Michigan Isle Road ☐ Add Lake Worth, Florida 33467 Remove Add Remove ☐ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) October 10, 2011 Dated_ Signature of a member or authorized representative of a member Richard B. Storfer, Esq. Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00