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J. BRYAN

JUN - 4 2012

**EXAMINER** 

## **COVER LETTER**

TO: Registration Sec Division of Corp				
SUBJECT: CRO	SSROADS GOURM		ID DELI, LLC	
·	· Name of Limited	Liability Company	•	
The enclosed Articles of A	mendment and fee(s) are submi	itted for filing.	`	
Please return all correspon	dence concerning this matter to	the following:		
	ROBI	ERT FINNEY WAL	LS	7.5 ZE
		Name of Person		発量工
		Firm/Company		一一一
	3401 SPRI	NG STREET, 2ND	FLOOR	PHIZ: 59
,		Address		59
		ANO BEACH, FL 3: City/State and Zip Code	3062	·
For further information co	E-mail address: (to but the common this matter, please call	oe used for future annual rep	port notification)	
	ERT WALLS		740-1908	
Name of		at ( 954 ) Area Code &	& Daytime Telephone Number	
Enclosed is a check for the	e following amount:		,	

\$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

### MAILING ADDRESS:

\$30.00 Filing Fee &

Certificate of Status

\$25.00 Filing Fee

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

### STREET/COURIER ADDRESS:

7\$60.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

# CROSSROADS GOURMET MARKET AND DELI, 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 Lia	bility Company were filed on	11/18/2011	and assigned
Florida document number L110001320	<u>)81                                    </u>	TAL SE	
This amendment is submitted to amend the follow	wing:		A RESERVED
A. If amending name, enter the new name of	the limited liability company here:		C. F.S. R.
·	,		<b>1925 15</b>
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company	," the designation "L	LC" of the abbreviation
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>		
B. If amending the registered agent and/or registered agent and/or the new registered offi	U	r records, <u>enter 1</u>	ne name of the new
Name of New Registered Agent:	ROBERT FINNEY WALLS	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	10800 N. MILITARY TRAIL,	SUITE 120	
	Enter	· Florida street addi	ess
	PALM BEACH GARDENS	S, Florida	33410
	City		Zip Code
New Registered Agent's Signature, if changing Ro	egistered 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 Title <u>Name</u> Type of Action <u>Address</u> MGR YATAK, BASHAR 10800 N. MILITARY TRAIL □ Add ☑ Remove SUITE 120 PALM BEACH GARDENS, FL 33410 ☐ Add Remove Add Remove Remove  $\prod Add$ Remove Add Remove

Dated	MAY 29	, 2012	
		1 / land	LS.
	Signatur	e of a member or authorized represen	tative of a member
		ROB WALLS	

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

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00