112000025900

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COVER LETTER

то:		ion Section of Corporations		
SUBJE		sroads Holdings LLC		
SUBIL		Name of Limited Liability Company		
The en	closed Articl	eles of Amendment and fcc(s) are submitted for filing.		
Please	return all cor	prespondence concerning this matter to the following:		
		Meghan Haynes		
		Name of Person		
		Chesnut, Bradley & Hemphill, Inc.		
		Firm/Company		
		212 South 7th Street		
		Address		
		Fort Pierce, FL 34950		
		City/State and Zip Code		
		E-mail address: (to be used for future annual report notification)		
For fun	ther informat	ation concerning this matter, please call:		
Me	=	H=44c5 at (773) 595.6800	2017 .	
	Ņ.	lame of Person Area Code Daytime Telephone Number	JUN 19	FILE
Enclose	ed is a check	s for the following amount:		П
■ \$2 5	5.00 Filing Fe	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified C	ري (Staius &	D

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

Crossroads Holdings LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lim	ompany as it now appears on our recordited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Comp Florida document number L12000025900	pany were filed on 02/23/2012	and assigned
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 contain the words "Limited	Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u>s)</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registere registered agent and/or the new registered office address		SLUKE JAR DO THE TO THE THE SERVICE SE
Name of New Registered Agent:		
)	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Florida street addre	.22
	. F i	lorida
	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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Carole Gonzalez	3125 Skyway Circle	
		Melbourne, FL 32934	
			Change
MGR	Lazaro Gonzalez	3125 Skyway Circle	Add
		Melbourne, Fl. 32934	□ Remove
			☐ Change
			Add
			Remove
			☐ Change
			TALEBAHASSEE, F
			Change Control Add
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ated	Signature of a	member or authoriz	Ι.	on member		

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