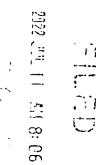
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**\*\***25.00



## **COVER LETTER**

TO:

	Registration Sec Division of Corp			
		YOU COMMERCE PARK, L	rc	
SUBJEC	CT:	Name of Limi	ted Liability Company	<del></del>
The encl	osed Articles of A	Amendment and fee(s) are sub-	nitted for filing.	
Please re	eturn all correspor	ndence concerning this matter	to the following:	
		RONALD E STRUTHERS	3	
			Name of Person	2922
		CROSS BAYOU COMME	ERCE PARK, LLC	( = 1
			Firm/Company	
		8100 PARK BLVD N., OF	C	1
			Address	
		PINELLAS PARK, FL 33	781	90
		CROSSBAYOU@GMAIL.	City/State and Zip Code COM	
		E-mail address: (	to be used for future annual report notification	on)
For furth	ner information co	oncerning this matter, please ca	all:	
STEVE	STRUTHERS		727 455-2886 at ()	
	Name of	Person	Area Code Daytime Tel	ephone Number
Enclose	d is a check for th	e following amount:		
<b>■</b> \$25	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Section Division of Corpora The Centre of Talla 2415 N. Monroe St Tallahassee, FL 323	ations hassee reet, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

on our records.)		
5/2012	_ and assi	gned
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cords, <u>enter the name o</u>	of the nev	v regi
	<del></del>	_
da street address		
Florida	Zip Code	
	signation "LLC" or the abbre	signation "LLC" or the abbreviation "L.I."  cords, enter the name of the new da street address  Florida

## 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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	RONALD E STRUTHERS	8100 PARK BLVD N, OFC, PINELLAS PARK, FL	. 31 ■ Add
			□Remove
			□Change
MGR	STEVE STRUTHERS		□Add
		8100 PARK BLVD N, OFC, PINELLAS PARK, FL	. 3. ■Remove
		<u> </u>	□ Change
			□Add
		<u> </u>	Remove!
		<u> </u>	☐ ☐ Change
			Add
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ocument's effective date on the	Department o	r State's reco	oras.					
record specifies a delayed effect	ive date, but r	not an effecti	ve time, at 1	2:01 a.m. on ti	ne earlier of: (	b) The 90	th day afte	er the
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