

L13000140436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TT. Burch FEB 25 2014

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CROOSS Property Management LLC

DOCUMENT NUMBER: L13000140436

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Piedad Ospina de Ortiz

(Name of Contact Person)

CROOSS Property Management LLC

(Firm/ Company)

P.O BOX 341613

(Address)

Tampa, FL 33694

(City/ State and Zip Code)

crisortizo@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Piedad Ospina de Ortiz

(Name of Contact Person)

at (813) 325-2029

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed) |
|---|--|---|--|

Mailing Address

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

Street Address

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 16, 2014

PIEDAD OSPINA DE ORTIZ
PO BOX 431613
TAMPA, FL 33694

SUBJECT: CROOSS PROPERTY MANAGEMENT LLC
Ref. Number: L13000140436

We have received your document for CROOSS PROPERTY MANAGEMENT LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You submitted the wrong type of form, proper forms enclosed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch
Regulatory Specialist II

Letter Number: 414A00001120

Answers on cro form

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

Cross Property Management 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 10-04-2013 and assigned Florida document number 213000140436.

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)

14514 Sutter Pl
Tampa, FL 33625

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TALLAHASSEE, FLORIDA

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. BOX 341613
Tampa, FL 33694

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: _____

New Registered Office 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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Claudia C. Ortiz	14514 Sutter Pl.	<input type="checkbox"/> Add
		Tampa, FL 33625	<input checked="" type="checkbox"/> Remove
MGR	Claudia Cristina Ortiz	P.O. Box 341613	<input checked="" type="checkbox"/> Add
		Tampa, FL 33694	<input checked="" type="checkbox"/> Remove
MGR	Piedad Ospina	14514 Sutter Pl.	<input checked="" type="checkbox"/> Add
		Tampa, FL 33625	<input checked="" type="checkbox"/> Remove
MGR	Piedad Ospina	P.O. Box 341613	<input checked="" type="checkbox"/> Add
		Tampa, FL 33625	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

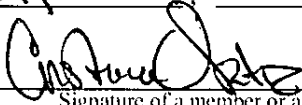
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 02-19-2014



Signature of a member or authorized representative of a member

Claudia Cristina Ortiz

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA