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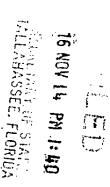
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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### **COVER LETTER**

TO: Registration Sec Division of Corp	ction " porations		
SUBJECT: South	Wast Hunda Crus Name of Limi	S Burde (Paper)	4 Marcyanat UC
			and the second of the second
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	Blen	& Ceath wool	
	Cross	Name of Person Source Rely	LC
	121	Firm/Company 167th Stud E	
	Brad	Address e Nun KL 34	212
	B(R M L E-mail address: (1	City/State and Zip Gode  Control  Control  Control  City/State and Zip Gode  Control  City/State and Zip Gode  Control  City/State and Zip Gode  City/State and Zip Gode  City/State and Zip Gode  City/State and Zip Gode	notification)
For further information co	oncerning this matter, please ca	all:	
Name of	Person	at (OU) O	VS2 - 2995 orlime Telephone Number
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 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 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

## Amend ment to ARTICLES OF ORGANIZATION OF

Southwast Piorida Cross Border Proparty Management UC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

N D 14 14 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	City	Zip Code
		, Florida
New Registered Office Address.	Enter Florida stre	eet address
New Registered Office Address:		
Name of New Registered Agent:		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		records, enter the name of the new
(Mailing address MAY BE A POST OFFICE BOX)	-	N = 1
Enter new mailing address, if applicable:		16 N
(Principal office address MUST BE A STREET ADDRES	<u></u>	
Enter new principal offices address, if applicable:	<del> </del>	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
A. If amending name, enter the new name of the limited	liability company here:	
This amendment is submitted to amend the following:		
Florida document number <u>L1400062424</u> .	pany were med on	und dasigned
The Articles of Organization for this Limited Liability Com-	nany were filed on	and assigned

#### 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

### or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Ricky Lowtan	11922 59th St N	Add
		West Pulm Black, FL	Remove
		33411	Change
			Add
			Remove
			Change
			Add
			Remove
			S B dd
			Remove  Change
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<del> </del>			Add
			Remove
			Change

Pluse charge address for
Resistered toget Name & Address &
lathward, Net
New addless:
12/ 167th BNJ E Readerton, Pl
34212
E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing frusuantee 605,0207 (3)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated DOVEMBER 2016. Reat lathwest
Signature of a member or authorized representative of a member
Breat Clath Wood  Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

### **AGREEMENT**

This Agreement made and entered into this day of	þ
Millan Sec, 2016 by and between BRENT	
LEATHWOOD and CINDY LEATHWOOD (B&C) and	
RICKY LAUTAN (RL).	

WHEREAS, **B&C** are the sole owners and managers of **SOUTHWEST FLORIDA CROSS BORDER PROPERTY MANAGEMENT LLC** and **RL** is a co-manger, have agreed that **RL** shall resign as a co-manager of the company effective immediately.

RL hereby resigns as co-manager effective immediately.

This Agreement shall be construed according to Florida law;

That this Agreement shall be binding upon the parties hereto, their successors, assigns and personal representatives.

BRENT LEATHWOOD

CINDYLEATHWOOD

**RICKY LAUTAN** 

WITNESS

WITNESS

**WITNESS** 

STATE OF FLORIDA, COUNTY OF Manatel
The foregoing instrument was acknowledged before me this
My Commission Expires: 10 27 2017  Notary Public: The Commission # FF 037116  My Commission # FF 037116
STATE OF FLORIDA, COUNTY OF Palm Beach
The foregoing instrument was acknowledged before me this day of Normber, 2016 by RICKY LAUTAN who are personally known to me or produced FL Drivers License as identification and who did / did not take an oath.

CHANTAL SAMLAL MY COMMISSION # GG 008699 EXPIRES: July 5, 2020

My Commission Expires: July 5,2020

Notary Public: \_\_\_\_\_\_\_\_