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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CYOSS Realty Investment Group, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
EVO CYOSS Name of Person
ROSS Realty Investment Group, LCC
3208 E Colonial Dr. #248
Orlando FL 32803 City/State and Zip Code
E-mail address: (to be used for figure annual report notification)
For further information concerning this matter, please call:
EVO CYOSS at (813) 598-1894 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\int_{\text{3}}0.00 Filing Fee \& \text{\$\text{\$\subset}\$}\ \text{\$\text{\$\text{\$\subset\$}}\$}\ \$\text{\$\texitit{\$\tex

MAILING ADDRESS:

 $\dot{\vec{x}}$

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

Cross Realty Investm (Name of the Ilimited Liability Compan (A Florida Limited L.	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company of Florida document number <u>L140001016713</u> .	were filed on 67 07 2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabile to the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name of the limited liability or the new name must be distinguishable and contain the words "Limited Liability or the new name of the limited liability or the new name of the new name of the limited liability or the new name of the limited liability or the new name of th	
Enter new principal offices address, if applicable:	NIA - same as existing
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A ## 22 ##
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	ice address on our records, enter the name of the nex
Name of New Registered Agent: N/A	- same as existing
New Registered Office Address:	Enter Florida street address

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

Uhamber Add

Remove

Add

Add

Add

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mending any other information, enter change(s) here: (Attach additional sheets, if	eccasar y y
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days te: If the date inserted in this block does not meet the applicable statutory filing requirements	after filing) Pursuant 18 605.0
ument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time, at 12:0 he 90th day after the record is filed.	on the earlier
ed	
Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00