

L15 000 021 018

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

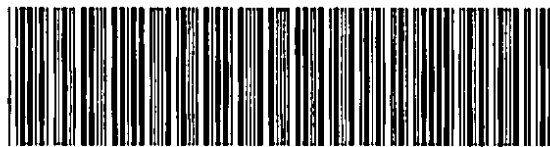
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DIVISION OF CONFIDENCE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Cross City 80, 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:

Kell / Fulford

\_\_\_\_\_  
Name of Person

Cross City 80, LLC

\_\_\_\_\_  
Firm/Company

245 NE 225th Ave.

\_\_\_\_\_  
Address

Cross City, FL 32628

\_\_\_\_\_  
City/State and Zip Code

keljfl@verizon.net

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

For further information concerning this matter, please call:

Kelly Fulford

813

309-0724

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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RECEIVED  
DIVISION OF CORPORATIONS

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

Cross City 80, 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 1/27/2015 and assigned  
Florida document number L15000021018.

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" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

245 NE 225th Ave.

Cross City, FL 32628

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

245 NE 225th Ave.

Cross City, FL 32628

**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:

Kelly Fulford

New Registered Office Address:

245 NE 225th Ave.

*Enter Florida street address*

Cross City


Florida 32628

*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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Kelly Fulford	245 NE 225th Ave.	<input checked="" type="checkbox"/> Add
		Cross City, FL 32628	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Matthew Fulford	245 NE 225th Ave.	<input checked="" type="checkbox"/> Add
		Cross City, FL 32628	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jeffery Rawson	2370 Avenel Ct.	<input type="checkbox"/> Add
		Oldsmar, FL 32667	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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**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.

Dated September 12

2022

Signature of a member of author

Signature of a member or authorized representative of a member

Kelly Fulford

Typed or printed name of signee

**Filing Fee: \$25.00**