## 1500044432

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## **COVER LETTER**

TO: Registration Se Division of Cor				
SUBJECT:	ge Crossing LLC			
SUBJECT:	Name of Limite	ed Liability Company		
The enclosed Articles of A	Amendment and fee(s) are subm	itted for filing.		
Please return all correspon	ndence concerning this matter to	the following:		
	Daniel J. McCool			
		Name of Person		
	100 Village Crossing	LLC		
		Firm/Company		
	5126 Isabella Drive		2	
		Address		
	Palm Beach Gardens	, FL. 33418	APR 13	25040
		City/State and Zip Code	mr.	
	mccoolre2002@yahoo		ation)	E Contract
For further information co	e-mail address: (to	be used for future annual report notific:	ation)	
Daniel J. McCool		561 2 <b>6</b> 2-8812	·	
Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is a check for th	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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

100 Village Crossing LLC		
(Name of the Limited Lia (A Flo	ability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L15000044422	ity Company were filed on 03/11/2015 and assigned	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the l	limited liability company here:	
100 Village Square Crossing LLC		
The new name must be distinguishable and end with the words	s "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 AD	DDRESS)	
Enter new mailing address, if applicable:	APR W	n
(Mailing address MAY BE A POST OFFICE BOX)	γ <sub>)</sub>	
	registered office address on our records, enter the name of the	n J
B. If amending the registered agent and/or re registered agent and/or the new registered office a	registered office address on our records, enter the name of the address here:	e nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City Zip Code	
New Registered Agent's Signature, if changing Regist	stered 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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			Remove
			Add
			Remove
18-18-1-1-1-18-1-1-1-1-1-1-1-1-1-1-1-1-			□ Add
	•		Remove
			AND AND SSEE OF THE PROPERTY O
			SIA :
			☐ Add
			CINOVE
<del></del>		<del></del>	□ Add
			Remove

If amending any other information, enter change(s) here: (Attach a	_
Effective date, if other than the date of filing:  (The effective date must be specific, cannot be prior to date of receipt or filed date and cat the date this document is filed by the Florida Department of State)	(optional) unnot be more than 90 days after
(The effective date must be specific, cannot be prior to date of receipt or filed date and ca	(optional) unnot be more than 90 days after
Dated April 09 , 2015	unnot be more than 90 days after
(The effective date must be specific, cannot be prior to date of receipt or filed date and or the date this document is filed by the Florida Department of State)  April 00	unnot be more than 90 days after

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