

L16 0000 35023

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

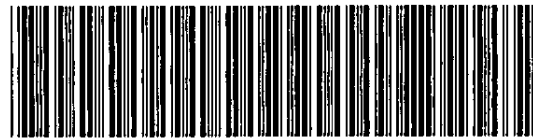
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. SCOTT

MAR. 6 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Southern Cross Facilities 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:

Gina DeChant Temple  
Name of Person

Southern Cross Facilities LLC  
Firm/Company

20078 137th Rd  
Address

OBrien / FL / 32071  
City/State and Zip Code

scobury.one@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Holly Miller at (386) 209-3660  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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Southern Cross Facilities LLC

Page 1 of 3

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>
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AMBR	David Henry Temple	14913 104th St Live Oak FL 32060	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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AMBR	Robert Chadwick Schofield	227 W main St Westfield NY 14787	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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AMBR	Laura Portman Schofield	227 W main St Westfield NY 14787	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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[illegible]

(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.) Pursuant to 605.0207 (3)(b)

If 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.

Feb 24th 2017

Signature of a member or authorized representative of the organization

Signature of a member or authorized representative of a member

Gina DeChant Temple  
Typed or printed name of signer

Typed or printed name of signee

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