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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
20078 137th Rd Address
DBrien FL 32071 City/State and Zip Code
E-pail address: (to be used to) future annual report notification)
For further information concerning this matter, please call:
Holly Miller at (386) 209-3660 Area Code Daytime Telephone Number 35 7
Enclosed is a check for the following amount:
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\text{Certificate of Status}\$ Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, C 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

Southern Cross Facil	ities UC
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	ippears on our records.) pany)
The Articles of Organization for this Limited Liability Company were filed of Florida document number 14 600035023	on 293014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compared Control Sout The new name must be distinguishable and contain the words "Limited Liability Company,"	heast LLC
Enter new principal offices address, if applicable:	78 1374 Rd
(Principal office address MUST BE A STREET ADDRESS)	brien FL 32071
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	ss on our records, enter the name of the new
Name of New Registered Agent:	it Temple
New Registered Office Address: Live Oak City	er Florida street address Florida 33060 Zip Code
New Registered Agent's Signature, if changing Registered Agent:	Fig. 2 B
I hereby accept the appointment as registered agent and agree to act in provisions of all statutes relative to the proper and complete performance accept the obligations of my position as registered agent as provided for being filed to merely reflect a change in the registered office address, I is company has been notified in writing of this change.	ce of my duties, and I am familiar with and r in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signiture 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> Address Type of Action <u>Name</u> David Henry Temple 14913 1044954 Live Oak FL 32060 Remove ☐ Change AMBR Robert Chadwick Schofield 227 W Moin St Add Westfield NY 14787 ☐ Remove ☐ Change AMBR Laura Portmon Schofield Westfield NY 14787 Remove ☐ Change □ Add □ Remove □ Remove Change □ Add □ Remove □ Change

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record specif The 90th day	ies a delayed after the reco	effective date rd is filed.	e, but not an	effective tim	e, at 12:01 a.	m. on the earlier
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Page 3 of 3

Filing Fee: \$25.00