

L16000059819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

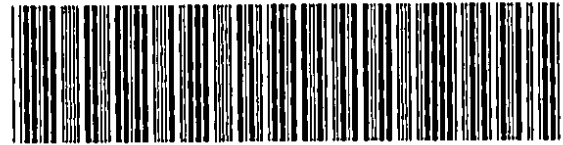
(Business Entity Name)

(Document Number)

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JAN 30 2019
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Cross Brands Manufacturing, L.L.C.

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:

James Mercer

Name of Person

Cross Brands Manufacturing

Firm/Company

1938 Murrell Road

Address

Rockledge, FL 32955

City/State and Zip Code

jjlmercer@aol.com

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

For further information concerning this matter, please call:

Brandon J. Prinsen

608

784-5678

Name of Person

at (_____) _____

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Cross Brands Manufacturing, L.L.C.

(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 March 24, 2016 and assigned
Florida document number L16000059819.

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:

1938 Murrell Road

(Principal office address MUST BE A STREET ADDRESS)

Rockledge, FL 32955

Enter new mailing address, if applicable:

1938 Murrell Road

(Mailing address MAY BE A POST OFFICE BOX)

Rockledge, FL 32955

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:

James Meroer

New Registered Office Address:

1504 Breakers West Blvd

Enter Florida street address

West Palm Beach

Florida 33411

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

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>
AMBR	Donald J. Lee	851 Greensboro Rd	<input type="checkbox"/> Add
		Cocoa, FL 32926	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Troy Nelson	131 K-Ron Lane	<input type="checkbox"/> Add
		Coon Valley, WI 54623	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Charles Kasten	1 South Orlando Avenue	<input type="checkbox"/> Add
		Cocoa Beach, FL 32931	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

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 January 16 2019

Charles Kester

Signature of a member or authorized representative of a member

Charles Kasten

Typed or printed name of signee