## L16000142630

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| J                                       |

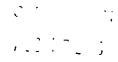
Office Use Only



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## COVER LETTER

| TO: Registration Se<br>Division of Cor |   | • •   | - <b>8</b> **   |
|--|---|---|---|
| SUBJECT:                               | CROSS   | LVax LLC ited Liability Company                                     |   |
|  | Name of Limi                                    | ited Liability Company  |   |
| The control of Aminhous C              | A   | wind for Stine  |   |
| The enclosed Articles of .             | Amendment and fee(s) are sub-                   | mitted for ming.  |   |
| Please return all correspo             | ndence concerning this matter                   | to the following:   |   |
|  | Patr  | ick J. Andr   | ec)S  |
|  | C   | Pame of Person PCOSS EVAX, L Firm/Company                           | LC  |
|  |   | Firm/Company  |   |
|  |   | Kell, Plantation  |   |
|  |   | / Address   | ,   |
|  | Dost,   | in FL 32541<br>City/State and Zip Code                              | <u>/</u>  |
|  |   | City/State and Zip Code   |   |
|  | E-mail address: (t                              | Patrick@ Lig- V   | Cation)   |
| For further information or             | oncerning this matter, please ca                |   |   |
| <b>△</b>                               | •   |   |   |
| PAtrick                                | J. Andrews                                      | at (SSO) 259 - Daytime  | -2478   |
| Name of                                | Person  | Area Code Daytime   | Telephone Number  |
| Enclosed is a check for th             | te following amount:                            |   |   |
| ☑ \$25.00 Filing Fee                   | ☐ \$30.00 Filing Fee &<br>Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| Mailing Address Registration S         |   | Street Address:<br>Registration Sec                                 | tion  |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability                                    | Vax LIC   |                                   |                  |
|---|---|-----------------------------------|------------------|
| (Name of the Limited Liability<br>(A Florida)                     | Company as it now appears of Limited Liability Company) | 7/29                              |                  |
| The Articles of Organization for this Limited Liability Co        |   | 8/00/2016 an                      | d assigned       |
| Florida document number <u>L. Z. 6000 142 (</u>                   | 6.30  | ,                                 |                  |
| This amendment is submitted to amend the following:               |   |                                   |                  |
| A. If amending name, enter the new name of the limit              | ed liability company here                               | ;                                 |                  |
| The new name must be distinguishable and contain the words "Limit | ed Liability Company," the design                       | gnation "LLC" or the abbreviation | m型LC."           |
| Enter new principal offices address, if applicable:               |   | ·                                 | (                |
| (Principal office address MUST BE A STREET ADDRI                  | ESS)  |                                   | ·<br>            |
|   |   | ·                                 | <del></del>      |
|   |   |                                   | 67               |
| 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 on our reco                              | ords, enter the name of th        | e new registered |
| agent and/or the new registered office address here:              |   |                                   |                  |
| Name of New Registered Agent:                                     |   | -                                 | <del></del>      |
| New Registered Office Address:                                    |   |                                   |                  |
|   | Enter Florida   | street address                    |                  |
|   |   | , Florida                         |                  |
|   | 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 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> | Address       | Type of Action |
|--------------|-------------|---------------|----------------|
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|              |             |               | ☐Remove        |
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| f amending any other information, enter change(s) here: (Attach additional sho   | ets, if necessary.)                                     |
|--|---|
| CROSStrax, LLC shares as   | follows:  |
|  |   |
| MER - Patrick J. Andrews - 47%   |   |
|  | The same  |
| AMBR - Robert W. Seymour 45%   |   |
|  |   |
| AMBR - Patrick R. Anchais 8 %  |   |
| The factor of th | · · · · · · · · · · · · · · · · · · ·                   |
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| rective date, if other than the date of filing:  | (optional)<br>90 days after filing ) Pursuant to 605 02 |
| te: If the date inserted in this block does not meet the applicable statutory filing require cument's effective date on the Department of State's records.   | ements, this date will not be listed                    |
| sament of theetive date on the treparation of blate 5 records.   |   |
| ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the easistiled.  | arlier of: (b) The 90th day after th                    |
|  |   |
| ted April 1/ . 23.   |   |
| Fitted I ask   | g<br>AND  |
| Signature of a member or authorized representative of a men  |   |
| PAKNIK T A   | ndrus   |
| Typed or printed name of signee  |   |

Filing Fee: \$25.00