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c/ 6/20/2023

## **COVER LETTER**

TO:

**Registration Section** 

Division of Corporations			
Crossroads	s 44 LLC		
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Nena M Kendall-Beery		
		Name of Person	<del></del>
	Crossroads 44 LLC		
	-	Firm/Company	
	26168 SE 159th Ln		
		Address	-
	Umatilla, FL 32784		
	<del></del>	City/State and Zip Code	
	kendall.nena@yahoo.com		
	E-mail address: (	to be used for future annual report notifi	cation)
for further information of	concerning this matter, please co	all:	
Nena M Kendall-Beery		407 217-4473 at ()	
Name c	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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 Address: Registration Sect Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL.	orations dlahassee Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Crossroads 44 LLC

2023 MAY -8 1.H 7: 35

(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 5/9/17 Florida document number \_ L17000102629 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 36721 County Road 19A Enter new principal offices address, if applicable: Eustis, FL 32726 (Principal office address MUST BE A STREET ADDRESS) N/A 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 records, enter the name of the new registered agent and/or the new registered office address here: N/A Name of New Registered Agent: New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

\_. Florida \_\_\_

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>	Type of Action
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			□Remove
			□Change
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N/A	
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	date, if other than the date of filing: $\frac{5/2/23}{2}$ (optional)
	we 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 (2) he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
	's effective date on the Department of State's records.
	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ord is filed.	
Dar J Ma	ov 2 2023
Dated	
	$\sqrt{1000}$ $M$ $\sqrt{1000}$ $\sqrt{1000}$
	Signature of a member or authorized representative of a member
	Nena M Kendall-Beery
	Typed or printed name of signee