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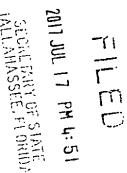
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July 10, 2017

CROSS BONE OUTFITTERS, L.L.C. CHARLES B HICKCOX III 29431 SW 169TH AVE. HOMESTEAD, FL 33030

SUBJECT: CROSS BONE OUTFITTERS, L.L.C.

Ref. Number: L17000115134

We have received your document for CROSS BONE OUTFITTERS, L.L.C. and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted is incomplete, missing last page (signature page). Enclosed is the missing page for your convenience. Please sign and return to our office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 517A00013877

Karen A Saly Regulatory Specialist II

www.sunbiz.org

COVER LETTER

SHRIFCT:	Cross Bone	Outfitters, L.L.C.		
Jobatic I.		Name of Lim	ited Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	idence concerning this matter	to the following:	
		Charles B. Hickcox III		
		<u> </u>	Name of Person	
		Cross Bone Outfitters, L.L	.C.	•
			Firm/Company	
		29431 SW 169th Ave		
	Address			
		Homestead, Fl 33030		
The enclosed Articles Please return all corre For further informatio			City/State and Zip Code	
		crossboneoutfitters@gmail.e	com to be used for future annual report notifi	
			·	cation)
For hirther it	niormation co	neerning this matter, please ea	111:	
Charles B. H	ickcox III		480 528-6097 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	e following amount:		
□ \$25.00 F	iling 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

TO:

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

2017 JUL 17 PM 4:51

Cross Bone Outfitters, 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 5/24/2017 and assigned Florida document number L17000115134 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." Charles B. Hickcox III Enter new principal offices address, if applicable: 1573 NE 37th PI (Principal office address MUST BE A STREET ADDRESS) Homestead, FL 33033 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: Randelle R. Hickcox Name of New Registered Agent: 1573 NE 37th PL New Registered Office Address: Enter Florida street address Florida 33033 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.

City

Homestead

If Changing Registered Agent, Signature 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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Farmer, Clay	29431 SW 169th Ave	
		Homestead, FL 33030	■ Remove
			Change
AMBR	Hickcox, Randelle	1573 NE 37th Pl	= Add
		Homestead, FL 33033	□ Remove
			Change
			Remove Change
			PRêmove.
			Remove
			Change
			Add
			□ Remove
			☐ Change

). If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	_
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	PH 4: 52
9.7.	با الله
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E. Effective date, if other than the date of filing:	/ (3)(b) : the
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.	f:
Dated 17. J. Uly 2017.	
Signature of a member or authorized representative of a member	
Charles D. Hickox III. Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00