417000193519

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J. HARRIS

COVER LETTER

TO:	Registration Sec Division of Corp		مو. در چې	
CLID I		RRIERS LLC	•	
SUBJ	ECI:	Name of Limit	ted Liability Company	
The en	closed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please	return all correspor	dence concerning this matter t	o the following:	
		JOHNNY DAVIS JR.		
			Name of Person	
		CROSS CARRIERS LLC		
			Firm/Company	
		253 3RD ST.		
			Address	
		CLERMONT, FL. 34711		
			City/State and Zip Code	
		JOHNNY@DRIVE4CROSS		
		E-mail address: (t	o be used for future annual report notification	ation)
For fu	rther information co	oncerning this matter, please ca	11:	
JOHN	INY DAVIS JR.		321 231-4141 at ()	
	Name of	Person	Area Code Daytime T	elephone Number
Enclos	sed is a check for th	e following amount:		
■ \$2	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 CARRIERS LLC	
(Name of the Limited Liability Company as it (A Florida Limited Liability)	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were fi Florida document number <u>L17000193519</u> .	led on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	mpany here:
The new name must be distinguishable and contain the words "Limited Liability Comp Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	pany," the designation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	(7.) -
	* ***
B. If amending the registered agent and/or registered office acregistered agent and/or the new registered office address here:	ldress on our records, enter the name of the ne
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida

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

Zip Code

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
AMBR	JOHNNY RAY DAVIS SR.	2229 HAMLIN TRAIL	Add
		CLERMONT, FL. 34714	■ Remove
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			Add
		-	
			Remove
			☐ Change
			Add
			Remove
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			□ Add
			☐ Remove
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e reco	rd specifies a delayed of Oth day after the recor	effective o	date, but not	an effective ti	me, at 12:0)1 a.m. on tl	he earlier o
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Filing Fee: \$25.00