## L190000321da6

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
(0.0,000.000.000)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100325985091

03/14/19~-01027~-002 \*\*25.00

MAR 2 3 2019 D CONNELL

## **COVER LETTER**

Division of Corporations
SUBJECT: Crosstawn Moving and Delivery LLC Name of Limited Lability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
James Highes Name of Person  Crosstawn Moving and Delivery LLC
Firm/Company
3837 N. Circle Drive
Hollywood FC 3300) City/State and Zip Code
James Nucles 22 Ougho. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
bres Highes a1,954,628-2439
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$\text{Certified Copy} \\ (additional copy is enclosed)\$\$  Certificate of Status & Certified Copy (additional copy is enclosed)  \$\Bigcup \$60.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)\$\$

MAILING ADDRESS:

TO:

**Registration Section** 

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

(Name of the Limited Liability	gand	Deliver				
(A Florida	Elmited Liability	Company)	ur records.			
The Articles of Organization for this Limited Liability Co	ompany were fi	led on Ol	31/2019	and as	ssigned	
Florida document number L 1900003266	06		7	_	Ü	
	<del></del> -'					
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limit	ted liability co	mpany here:				
The new name must be distinguishable and contain the words "Limit	ted Liability Comp	pany," the designat	tion "LLC" or the abbi	eviation "I	L.L.C."	
Enter new principal offices address, if applicable:			<del></del>		~~	
(Principal office address MUST BE A STREET ADDR	ESS)			ZE-	<u>=</u>	
				_ <del>[-</del> 6	_\$	
					+	
Enter new mailing address, if applicable:		·····		<u>SS</u>		_m
(Mailing address MAY BE A POST OFFICE BOX)		<del></del>		<u></u>	_ <u>.</u>	
				<u> 구조</u>	_ <del>:</del> _	<del></del> -
				म	_ <del>_</del>	
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		idress on our	records, enter the	<u>ne пате</u>	of the	е пеж
Name of New Registered Agent:						
	-, -, -, -,					
New Registered Office Address:		Enter Florida str	eet address			
			Florida			
**************************************	Ciņ	ν	, FIOHUA	Zip Code	,	
New Registered Agent's Signature, if changing Registered	Agent:					
I hereby accept the appointment as registered agent a	ınd agree to ac	ct in this capac	rity. I further agre	e to com	iply wii	th 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

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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address North Circle Drive	Type of Action
MGR	James Hughes	Address 3837 North Circle Drive thlywood, FC 33021	D Add
			□ Remove
			□ Change
			Add
			□ Remove
			Change
			□ Remove
			Change
			D Add
			□ Remove
			Change
			□ Remove
			□ Change
			O Add
			🗆 Remove
			Change

-	
-	
-	
_	
_	
-	
-	
_	
•	
-	
-	
_	
_	
Note:	ive date, if other than the date of filing:  (optional)  ective 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 605.020  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
)ated	March 12 2019
	10/1/d ·
	Signature of a plember or anthyfired representative of a member

Page 3 of 3

Filing Fee: \$25.00