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_____
(Requestor's Name)

_____
(Address)

_____
(Address)

_____
(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
(Document Number)

Certified Copies _____   Certificates of Status _____

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Amend

OCT 0 7 2019

I ALBRITTON

COVER LETTER

TO: **Registration Section**
Division of Corporations

CROSSOVER360 TRANSPORT LLC
SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KHOSROW MCDANIEL
_____
Name of Person

CROSSOVER360 TRANSPORT LLC
_____
Firm/Company

5825 TOSCANA PL APT 209
_____
Address

MARGATE,FL 33063
_____
City/State and Zip Code

JAVAN4040@ICLOUD.COM
_____
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

KHOSROW MCDANIEL   463   701-9206
_____ at (_____) _____
Name of Person   Area Code   Daytime Telephone Number

Enclosed is a check for the following amount:

■ $25.00 Filing Fee   ☐ $30.00 Filing Fee &   ☐ $55.00 Filing Fee &   ☐ $60.00 Filing Fee,
                         Certificate of Status   Certified Copy   Certificate of Status &
                                                    (additional copy is enclosed)   Certified Copy
                                                                                  (additional copy is enclosed)

MAILING ADDRESS: **STREET/COURIER ADDRESS:**
Registration Section   Registration Section
Division of Corporations   Division of Corporations
P.O. Box 6327   Clifton Building
Tallahassee, FL 32314   2661 Executive Center Circle
                                        Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

CROSSOVER360 TRANSPORT LLC
_____
(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 03/27/2019 _____ and assigned

Florida document number L19000084772 _____ .

This amendment is submitted to amend the following:

A. If amending name, <u>enter the new name of the limited liability company here</u>:

_____

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 5825 TOSCANA PL APT. 209

(Principal office address MUST BE A STREET ADDRESS)   MARGATE, FL 33063

Enter new mailing address, if applicable: 5825 TOSCANA PL APT. 209

(Mailing address MAY BE A POST OFFICE BOX)   MARGATE, FL 33063

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered agent and/or the new registered office address here</u>:

<u>Name of New Registered Agent</u>:   _____

<u>New Registered Office Address</u>:   _____
Enter Florida street address

_____, **Florida** _____
City   Zip Code

<u>New Registered Agent's Signature, if changing Registered Agent</u>:

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 Changing Registered Agent, <u>Signature of New Registered Agent</u>

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR =   Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	BARBIE J. JONES	5825 TOSCANA PL. APT. 209 MARGATE, FL 33063	☑ Add
			☐ Remove
			☐ Change
AMBR	DARRELL FUQUA	5825 TOSCANA PL. APT. 209 MARGATE, FL 33063	☑ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

_____

_____

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_____

E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective 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 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated SEPTEMBER 9   2019

_____
Signature of a member or authorized representative of a member

KHOSROW MCDANIEL

_____
Typed or printed name of signee

Page 3 of 3

Filing Fee: $25.00