

L19000189529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

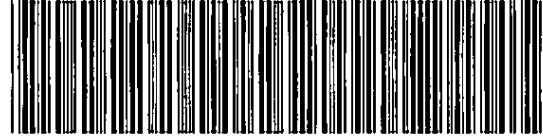
(Business Entity Name)

(Document Number)

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FILED  
2019 OCT 10 AM 9:28  
FBI - NEW YORK

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CROSS CREEK RANCH OF ORMOND BEACH LLC  
\_\_\_\_\_  
Name of Limited Liability Company

FILED  
OCT 10 AM 9:28  
TALLAHASSEE, FL

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

Please return all correspondence concerning this matter to the following:

BLAZE G SECOR

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

285 WOODHAVEN CIR WEST

\_\_\_\_\_  
Address

ORMOND BEACH, FL. 32174

\_\_\_\_\_  
City/State and Zip Code

SSECOR@CFL.RR.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BLAZE G SECOR

386 547-2534  
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 &  
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

\_\_\_\_\_ and assigned

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

FOREVER RANCH, LLC

N/A

N/A

N/A

N/A

Enter Florida street address

\_\_\_\_\_, Florida

Civ

Zip Code

Page 1 of 3

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>	<u>Type of Action</u>
N/A			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

N/A

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

**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.

(b) The 90th day after the record is filed.

010719  
x Blair G. Lewis  
Signature of a member

Signature of a member or authorized representative of a member

Typed or printed name of signee