7/27/22, 11:21 AM

From: Kelly Tanner 🕝 . Fax: 18132518715 To: Division of Corporations Fax: (850) 617-6383

Page: 2 of 6 07/27/2022 11:57 AM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LIESER SKAFF ALEXANDER, PLLC

Account Number : I20150000057 Phone : (813)280-1256 Fax Number : (813)251-8715

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CROSS REAL ESTATE HOLDINGS 4020, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

TO:

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Page: 3 of 6

COVER LETTER

TO: Registration Division of C		ň	
CROSS I	REAL ESTATE HOLDINGS 4	020, LLC	
	Name of Li	mited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are su	abmitted for filing.	
Please return all corres	pondence concerning this matte	er to the following:	
	Ghada Skaff		
		Name of Person	-
	Lieser Skaff Alexander, I		
		Firm/Company	
	403 N Howard Avenue		
		Address	
	Tampa, FL 33606		
		City/State and Zip Code	** a op \$1000 <u>0</u> -\$1 op op op op
	Bryce Jenkins@Cross-REI	do be used for future annual report notification	
For further information	concerning this matter, please o	•	stion)
Ghada Skaff	,,	813 280-1256	
Name	of Person	at () Area Code Daytime T	clephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration		Street Address: Registration Section	on

Division of Corporations P.O. Box 6327 Tallahassec, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CROSS REAL ESTATE HOLD				
(Name of the Li	mited Liability Comp (A Florida Limited	any as it now appears of Liability Company)	our records.)	-
The Articles of Organization for this Limited	Liability Compan	y were filed on June 9	, 2020	and assigned
Florida document number L20000153682	-		-	
This amendment is submitted to amend the fo	ollowing:			
A. If amending name, enter the new name	of the limited list	oility company bere-		
N/A		AND COMPANY INCIL.		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the design	ration "I I C" or the a	hhoristian of 1 (1)
Enter new principal offices address, if app.		N/A	ALON DEG GITTE &	botovialion E.L.C.
(Principal office address MUST BE A STRE	(ET ADDRESS)			· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		N/A		
Mailing address MAY BE A POST OFFICE	F ROVI			
	<u> </u>			
B. If amending the registered agent and/or agent and/or the new registered office addr Name of New Registered Agent:	registered office a ess here: N/A	ddress on our recon	ds , <u>enter the nam</u>	e of the new registero
	N/A			
New Registered Office Address:		Enter Florida sti	rect address	SSE STEE
			, Florida	3 3 00
New Degistered Agentle Standard Co.		City		Zip Code
New Registered Agent's Signature, if changing	Registered Agent:			현재 2

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, Signature of New Registered Agent

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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

Title	Name	Address	Type of Action
MGR	Susan Giglio Jenkins	1905 N. 40th Street	B Add
		Tampa, FL 33605	
			☐ Change
MGR	Bryce Peter Jenkins	1905 N. 40th Street	B Add
		Tampa, FL 33605	□Remove
SUPV	Aaron Lee King	1905 N. 40th Street	= Add
		Tampa, FL 33605	□Retnove
			Change
			□ Remove
			☐ Change
			□Add
			□ Remove
			□ Change
- 			□ Add
			Петроус
			□ Change

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	delayed effective dat	e, but not an e	ffective time	, at 12:01 a.m. c	on the earlier of: ((b) The 90th day aft	er th
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