K20000158292

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2022 JUN 30 AM 8: 11

COVER LETTER

TO: Registration Section **Division of Corporations** CROSS EXPRESS SERVICE 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: **Tyrone Cross** Name of Person Firm/Company 3225 NW 204TH TERRACE Address Miami Gardens City/State and Zip Code 33056 E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **Tyrone Cross** Name of Person 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 Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy

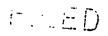
Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 **Street Address:**

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

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



CROSS EXPRESS SERVICE LLC		2022 JUN 30 AM 8: 10
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records. ability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number <u>L20000158292</u> .	vere filed on <u>06/09/2020</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	itv company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, <u>enter t</u>	he name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		wi.da
	City , r 10	rida Zip Code

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.

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>	Address	Type of Action
AMBR	TYRONE CROSS	3225 NW 204TH TERRACE	≡ Add
		MIAMI GARDENS, FL 33056	□Remove
			□Change
			□Add
			□Remove
			□Change
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(If an eff Note:	ve 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 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
he recor ord is fil	d 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 ed.
Dated	6/20/22
	Tyrone From
	Signature of a member or authorized representative of a member