

L21000090216

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

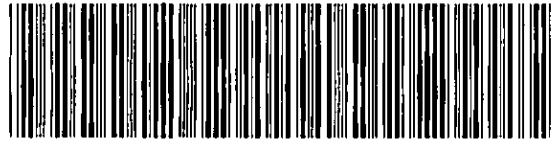
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2024 OCT 25 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2024 OCT 25 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: E&K TILE AND REMODEL LLC

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:

KAIDEN CROSSDALE

Name of Person

Firm/Company

125 NE 31ST TERRACE

Address

CAPE CORAL, FL 33909

City/State and Zip Code

KCROSSDALE24@GMAIL.COM

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

For further information concerning this matter, please call:

KAIDEN CROSSDALE

239 200-0885
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 Address:

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

E&K TILE AND REMODEL LLC

(Name of the Limited Liability Company as it now appears on our records, 02/11/2021 11:45)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/11/2021 and assigned
Florida document number 121000090216.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

KCROSS CONSTRUCTION LLC

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:

125 NE 31ST TERRACE

(Principal office address MUST BE A STREET ADDRESS)

CAPE CORAL, FL 33909

Enter new mailing address, if applicable:

125 NE 31ST TERRACE

(Mailing address MAY BE A POST OFFICE BOX)

CAPE CORAL, FL 33909

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

Name of New Registered Agent:

KAIDEN CROSSDALE

New Registered Office Address:

125 NE 31ST TERRACE

Enter Florida street address

CAPE CORAL

City

Florida 33904

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 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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ERROL CROSSDALE	PO BOX 152894	<input type="checkbox"/> Add
		CAPE CORAL, FL 33915	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	KAIDEN CROSSDALE	125 NE 31ST TERRACE	<input type="checkbox"/> Add
		CAPE CORAL, FLORIDA 33909	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

N/A

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 October 13 . 2024

Signature of a member or authorized representative of a member

KAIDEN CROSSDALE

Typed or printed name of signee

KCross Construction LLC
125 NE 31" Terrace
Cape Coral, Florida 33909
239-200-0885

October 25, 2024

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314


To Whom It May Concern:

Please accept this letter as a request to voluntarily release my limited liability company name, "KCross Construction LLC", document number L24000433928.

Thank you for your assistance in this matter. If you have any questions, I can be reached at the number above.

Sincerely,

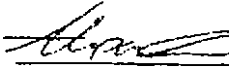
Kaiden Crossdale


STATE OF: Florida
COUNTY OF: LEE

I certify that Kaiden Crossdale, who
is personally known to me to be the person whose name is subscribed to the foregoing instrument
produced DRIVERS LICENSE as identification, personally appeared before me
on OCTOBER 26, 2024, and acknowledged the execution of the foregoing instrument.



Alyson Innocenti
Comm.: HH 380429
Expires: March 29, 2027
Notary Public - State of Florida


Notary Public, State of: Florida
Notary's commission expires: 03/29/27