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COVER LETTER

TO:

Tallahassee, FL 32314

	gistration Sec ision of Corp					
ud itot.	Cross Fire B	Enterprises LLC				
SUBJECT:		Name of Lim	ited Liability Company			
The enclosed	l Articles of A	Amendment and fee(s) are sub	mitted for filing.			
lease return	all correspor	ndence concerning this matter	to the following:			
		Andrew V Cross				
			Name of Person		······································	
			Firm/Company			
		19 Willow Rd				
Address						
		Tequesta, Fl. 33469				
		2220 "	City/State and Zip Co	de		
		andrewcross322@gmail.cor	n to be used for future anni	ual report notific	ation)	
For further is	nformation co	oncerning this matter, please ca		·	·	
Andrew V C	cross			676-1640		
	Name of	Person	at () Area Code	Daytime 1	Telephone Number	
Enclosed is a	check for th	e following amount:				
■ \$25.00 B	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing For Certified Copy (additional copy is		□ \$60.00 Fiting Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	iling Address			Address;		
Registration Section			Registration Section			
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

321 SF. 15 AH 10: 33 Cross Fire Enterprises 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 ^{July, 09, 2021} and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 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:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

Enter Florida street address

_, Florida ____

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 #218: 15 AH 10:	33 Type of Actio
VP	Raquel R Cross	19 Willow Rd. Tequesta, FL 33469	, □Add
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zd.	The 90th day af
	
August 27th 2021	
full V. Cross	
Signature of a member or authorized representative of a member	

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