

h21000329472

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

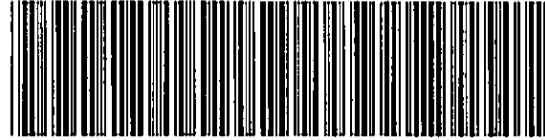
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10/10/2022 10:10:10 AM
FBI/DOJ/IRS/SEC/STARS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Crossover Trucking 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:

Lonnie Johnson
Name of Person

Crossover Trucking LLC
Firm/Company

120 Chiefs Way Suite 1 PMB 1099
Address

Pensacola, FL 32507
City/State and Zip Code

Crossovertruckingllc4@gmail.com
E-mail address: (to be used for future annual report notification)

22 SEP 26 PM 3:29
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Lonnie Johnson at (305) 731-3748
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**

Crossover Trucking 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 07/20/2021 and assigned
Florida document number L 21000329472

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Crossover Trucking LLC
120 Chiefs Way Suite 1 PMB/099
Pensacola, FL 32507

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Crossover Trucking LLC
120 Chiefs Way Suite 1 PMB/099
Pensacola FL 32507

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:

Lonnie Johnson

New Registered Office Address:

120 Chiefs Way Suite 1 PMB/099
Enter Florida street address
Pensacola Florida 32507
City 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.

Lonnie Johnson
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	Damien Bohanan	6413 Jerry Lynn Ln	<input type="checkbox"/> Add
		Pensacola, FL 32526	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Wayne Daise	1900 N 58 th Ave	<input checked="" type="checkbox"/> Add
		Pensacola, FL 32506	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

Remove
VISION
22 SEP 26 PM 3:29
Change
Add
Remove

DIVISION OF CORRECTIONS
22 SEP 26 PM 3: 29

22 SEP 26 PM 3:29

(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.

Dated September 21 ²⁰²² ~~2021~~

Jonnie Johnson
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Lonnie Johnson

Typed or printed name of signee