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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
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(Document Number)
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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	RONALD ERIC SNELL		
		Name of Person	
	CROSSROADS TRANSP	ORT OF OCALA, LIMITED LIAI	BILITY COMPAN
		Firm/Company	
	8553 SW 131 PLACE		
		Address	
	OCALA, FLORIDA 3447.	3	
		City/State and Zip Code	
	CROSSROADS352@GMA		
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
DEBORAH SNELL		352 598-2818	
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		<u>Street Address:</u> Registration Se	ction
Registration Section Division of Corporations		Division of Cor	
P.O. Box 632		The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CROSSROADS OF OCALA, LIMITED LIABILITY COMPANY

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(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 MARCH 31, 2023	and assigned
Florida document number L23000163185		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited list	ility company here;	
CROSSROADS TRANSPORT OF OCALA, LIMITED LIABILITY	COMPANY	
The new name must be distinguishable and contain the words "Limited Liab	ility 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 agent and/or the new registered office address here:	address on our records, <u>enter the na</u>	nme of the new registered
Name of New Registered Agent:		.
New Registered Office Address:		
-	Enter Florida street address	
,	Florida	
	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.

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
			□Add
			□Remove
			🗀 Change
			□Add
			Remove
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	ist be specific and cannot be prior t flock does not meet the applica		(optional) 0 days after filing.) Pursuant to 605, ments, this date will not be liste	
cord specifies a delayed effecti s tiled.	ve date, but not an effective (it	ne, at 12:01 a.m. on the ea	rlier of: (b) The 90th day after	r the
APRIL 10,	2023			
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Filing Fee: \$25.00