L23000343945

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COVER LETTER

TO:

TO: Registration Division of C			
Crosby R	anch. LLC		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	William B. Crosby		
		Name of Person	
		Firm/Company	
	601 Broadway St	·	
		Address	
	Vero Beach, FL 32960		
	bart0948@gmail.com	City/State and Zip Code	
	- -	to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all;	
William B. Crosby		772 713-4182	
Name	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for	the following amount:		
■ S25.00 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 Addi Registration Division of P.O. Box 6: Tallahassee	a Section Corporations 327	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee c Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Crosby Ranch, LLC		
(<u>Name of the Limited Liability</u> (A Florida l	Company as It now appears on our recording tender (Company)	<u>ds.</u>)
	20	
The Articles of Organization for this Limited Liability Co	mpany were filed on 077/8/2023	and assigned
Florida document number L23000343945		
	- '	
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
t. If amending name, enter the new name of the mane	es natinty company nere.	
The new name must be distinguishable and contain the words "Limit	ad Linkillar Communa, 2 the de imposing 911.6	C" or the obbarratories of 1 C "
he new name must be distinguishable and contain the words. Limit	ed Claimity Company. the designation CC	د of the abbreviation (۱.۱.۱.).
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRI	ESS)	N3 7 H
		70
		<u>.</u>
Enter new mailing address, if applicable:	*****	
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered	office address on our records, enter	r the name of the new register
gent and/or the new registered office address here:		
Name of New Registered Agent:		<u>. </u>
N. B. Sand Office Allege		
New Registered Office Address:	Enter Florida street addre	tss
	, F	lorida Ziv Code
	Cuit	mp Come

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	Billy B. Crosby Trust	601 Broadway St	
		Vero Beach, FL 32960	□Remove
			⊡Add
			□Remove
			Change
			□Add
			□Remove
		 	
		- 	□ Add
			□Remove
			Change
			□Add
			[]Remove
			Change
			□Add
			Remove
			Change

		
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Tective date, if other than the an effective date is listed, the date muote: If the date inserted in this becument's effective date on the E	lock does not meet the applicable statutory f	(optional) or more than 90 days after filing.) Pursuant to 605.020 filing requirements, this date will not be listed a
record specifies a delayed effectivis filed.	re date, but not an effective time, at 12:01 a.	.m. on the earlier of: (b) The 90th day after the
	2023	
ated August 22		
ated August 22	Signature of a member or authorized representa	Nive of a mambar

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