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(Requestor's Name)
(Address)
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE	JCross Mol	bile Home Park, LLC	`	
3000		Name of Lim	nited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Joan Cassleberry		
			Name of Person	
		-	Firm/Company	
		980 Jack Cakhoun Drive		
			Address	
		Kissimmee, FL 34741		
			City/State and Zip Code	
		jerossbarn@gmail.com	to be used for future annual report no	tification)
For furth	ner information c	oncerning this matter, please c	•	
Joan Ca	stleberry		321 522-6046 at ()	
Name of Person				ne Telephone Number
Enclosed	d is a check for th	he following amount:		
■ \$ 25.	.00 Filing Fec	S30.00 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 Addres		Street Address:	
	Registration S Division of C		Registration Se Division of Co	
	P.O. Box 632	-	The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J Cross Mobile Home Park, LLC			FILES
(Name of the Lin	ited Liability Comps	any as it now appears on our Liability Company)	r records.)
The Articles of Organization for this Limited			3 2024 DEC 16 PM 2:01
	Chaomity Company	were med on	and assigned
Florida document number L23000559726	·		TALLAHASSEE, FL
This amendment is submitted to amend the foi	llowing:		
A. If amending name, enter the new name	of the limited liab	oility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	Joan Castleberry	
(Principal office address MUST BE A STRE	pal office address MUST BE A STREET ADDRESS) 980 Jack Calhoun Drive		2
		Kissimmee, FL 34741	
B. If amending the registered agent and/or agent and/or the new registered office addr Name of New Registered Agent:	registered office : ess here: Joan Castleberr		enter the name of the new registered
	000 Jack Calba	Drive	
New Registered Office Address:	Office Address: 980 Jack Calhoun Drive Enter Florida street address		
	Kissimmee		
	Kissimmee	City	, Florida ³⁴⁷⁴¹ Zip Code
New Registered Agent's Signature, if changing	Registered Agent:	,	Sp Sout
I hereby accept the appointment as register provisions of all statutes relative to the proaccept the obligations of my position as regions filed to merely reflect a change in the company has been notified in writing of this	red agent and agr per and complete gistered agent as p e registered office s change.	ree to act in this capaci performance of my du provided for in Chapte address, I hereby conf	ties, and I am familiar with and r 605, F.S. Or, if this document is
	Ĺ	Joan Castleberry	

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>	Address	Type of Action
MGR	Joan Castleberry	980 Jack Calhoun Drive, Kissimmee, FL 34741	🗆 Add
			□Remove
			UGhange
			□Add
			Remove
			□ Change
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Effective date, if other than the fan effective date is listed, the date in Note: If the date inserted in this document's effective date on the	block does not π	neet the applicabl	rate or minist or those	(option than 90 days after fi equirements, this o	ling.) Pursuant to 605.02
O VIIVOII O GALO OII (III	Dopardion of 5	3 1000103.			
e record specifies a delayed effect d is filed.	tive date, but not	an effective time	, at 12:01 a.m. on	the earlier of: (b)	The 90th day after th
Dated		2024			
	Joan	Castleberry			

Filing Fee: \$25.00



October 21, 2024

RE: Amendment paperwork for Florida Document# L23000559726

Company name: J Cross Mobile Home Park, LLC

TO: Registration Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

To whom it may concern,

Please see the amendment paperwork for Florida Document# L23000559726,
Company name: J Cross Mobile Home and the \$25.00 check for the filing fee. Should
you have any questions or concerns, please do not hesitate to contact our office at (407)
957-9686. Our mailing address is 701 13th Street, St. Cloud, FL 34769

Thank you,

/s/Tracy Hensel, M.D., J.D.

Tracy Hensel, M.D, J.D.
Bar No.: 127358
Founding Partner
Hensel, Bailey & Harris, P.A.
701 13th Street
St. Cloud, FL 34769



November 13, 2024

JOAN CASSLEBERRY 980 JACK CAKHOUN DRIVE KISSIMMEE, FL 34721

SUBJECT: J CROSS MOBILE HOME PARK, LLC

Ref. Number: L23000559726

We have received your document for J CROSS MOBILE HOME PARK, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

YOU DID NOT CHECK A BOX FOR YOUR OFFICERS.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 624A00024796

Anissa Butler Regulatory Specialist II