Tp: 18506176383 From: 19166105073 Date: 05/29/24 Time: 5:53 PM Page: 02/05



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: PARASEC Account Name

Account Number : I20180000086

Phone

: (916)576-7000

Fax Number

: (800)603-5868

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: RLOPS@PARASEC.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CROSSWINDS EAST SERVICE PROVIDER, LLC

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Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Crosswinds E	ast Service Prov	ader, LLC				
(Name of the Limit	ed Liability Compa (A Florida Limited L	ny as it now app inbility Compan	ears on our records.)		-	
The Articles of Organization for this Limited L on Florida document number <u>L24000018527</u>	, ,	were filed	01/11/2024	and a	assigned	
This amendment is submitted to amend the following	owing:					
A. If amending name, enter the new name of	f the limited liabi	ility company	here:			
The new manic must be distinguishable and contain the w	ords "Limited Liabil	ity Company." th	e designation "LLC" or the	abbreviation '	"L.lC."	_
Enter new principal offices address, if applicable:		III W. Cer	itral Ave. #1440			
(Principal office address MUST BE A STREET ADDRESS)		Winter Hav	ren. PL 33882			_
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·	ntral Ave. #1440 ven. Fl. 33882		r:	- D:
					.r.	- ; -
B. If amending the registered agent and/or ragent and/or the new registered office address	egistered office a is here:	ddress on our	records, <u>enter the na</u>	; - <del>-</del> ,	B T	ered
Name of New Registered Agent:	Rocket Lawy	er Corporate	Services LLC	71 03	<u>ယ့</u> —	; -
New Registered Office Address:	155 Office	Plaza Drive, Enter F	1st Floor Torida street address	— <u>H</u>		- <b>3</b>
	Tallahasse	ee.	. Florida	32301		
		City		Zip Coc	le	-

## 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 standes 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 Changing Registered Agent, Signature of New Registered Agent

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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	ALBERT B CASSIDY	346 E CENTRAL AVENUE	□Add
		WINTER HAVEN, FL 33880	∏Remove
			Change
MGR	STEVEN L CASSIDY	346 E CENTRAL AVENUE	□Add
		WINTER HAVEN, FL 33880	MRemove
			□Change
MGR	CSPFL LLC	111 W. Central Ave #1440,	<b>X</b> Add
		Winter Haven, FL 33882	□Remove
			☐Change
			□Remove
			© Change
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			□Remove
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nment	's effective date	on the Department of	State's records.		•	
cord sp s filed.		ed effective date, but no	st an effective tim	e, at 12:01 a.m. oi	the earlier of: (b)	The 90th day after th
ed	May 17		2024	<u>.</u> •		
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		No. Mr. L	GAL.			

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