

5/29/24, 12:26 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : PARASEC
Account Number : 120180000086
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
CONGDON AT CROSSROADS SERVICE PROVIDER, LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Congdon at Crossroads Service Provider, 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 01/11/2024 and assigned
Florida document number L24000018584.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Grove at Crosswinds Service Provider, LLC

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:

111 W. Central Ave. #1440

(Principal office address MUST BE A STREET ADDRESS)

Winter Haven, FL 33882

Enter new mailing address, if applicable:

111 W. Central Ave. #1440

(Mailing address MAY BE A POST OFFICE BOX)

Winter Haven, FL 33882

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:

Rocket Lawyer Corporate Services LLC

New Registered Office Address:

155 Office Plaza Drive, 1st Floor

Enter Florida street address

Tallahassee

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 Changing Registered Agent, Signature of New Registered Agent

FILED
MAY 29 PM 12:14
CLERK OF STATE
TALLAHASSEE, FL

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>
<u>MGR</u>	<u>ALBERT B CASSIDY</u>	<u>346 E CENTRAL AVE</u>	☐ Add
		<u>WINTER HAVEN, FL 33880</u>	☒ Remove
		<u></u>	☐ Change
<u>MGR</u>	<u>STEVEN L CASSIDY</u>	<u>346 E CENTRAL AVE</u>	☐ Add
		<u>WINTER HAVEN, FL 33880</u>	☒ Remove
		<u></u>	☐ Change
<u>MGR</u>	<u>CSPFL LLC</u>	<u>111 W. Central Ave #1440</u>	☒ Add
		<u>Winter Haven, FL 33882.</u>	☐ Remove
		<u></u>	☐ Change
<u></u>	<u></u>	<u></u>	☐ Add
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(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00