## L24000241401



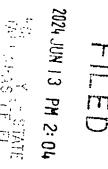
(Red	questor's Name)	
(Add	iress)	
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(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



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## **COVER LETTER**

Registration Section

TO:

Division of Cor	•		
SUBJECT: CROSSRO	ADS TRUCKING LLC	5. 113 125 72	
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LAUREN FLEWELLYN		
		Name of Person	
	SOLOVIEV GROUP LLC		
	<del></del>	Firm/Company	
	114 NE 1ST AVE		
		Address	<del></del>
	DELRAY BEACH, FL 33	444	
	<del></del>	City/State and Zip Code	
	LFLEWELLYN@SOLOV	IEVGROUP.COM  to be used for future annual report no	tilization
For further information co	oncerning this matter, please c	•	
LAUREN FLEWELLYN	4	561 577-5419	
Name of	f Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a check for th	ne following amount:		
■ 825.00 Filing Fee	☐ S30,00 Filing Fee & Certificate of Status	☐ S55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ S60,00 Filing Fee, Certificate of Status & Certified Copy radditional copy is enclosed)
Mailing Address Registration S		<u>Street Address:</u> Registration Se	retion
Division of Co	orporations	Division of Co	rporations
P.O. Box 632 Tallahassee, F		The Centre of 2415 N. Monro	Tallahassee be Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CROSSROADS TRUCKING LLC				
(Name of the Limite	<u>d Liability Comp:</u> A Florida Limited	nny as <mark>it now appears on our records.</mark> Liability Company)	)	
he Articles of Organization for this Limited Lia	bility Company	were filed on MAY 24, 2024		_ and assigned
lorida document number 1.24000241401				
his amendment is submitted to amend the follow	wing:			
. If amending name, enter the new name of	the limited liab	ility company here:		
9/A				
he new name must be distinguishable and contain the wo	rds "Limited Liabi	lity Company," the designation "LLC" of	or the abbre	viation "L.L.C."
nter new principal offices address, if applica	ble:	1997 CR 71	<u>(</u>	20:
Principal office address MUST BE A STREET ADDRESS)		SHERIDAN LAKE, CO 81071	<u> </u>	<u> </u>
			<u> </u>	
nter new mailing address, if applicable:		N'A	AllASSE	3 PH
Mailing address MAY BE A POST OFFICE B	<i>OX</i> )		<u> </u>	<u> ب                                   </u>
	<u> </u>		भार	0
. If amending the registered agent and/or regent and/or the new registered office address		address on our records, <u>enter th</u>	ie name o	f the new regis
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
<del></del>		Enter Florida street address		
		Flori	ida	
		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
	N/A		□Add
			□Remove
			□Change
			□Add
			□Remove
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	N/A	
ective date, if other than t	he date of filing:	(optional)
		f filing or more than 90 days after filing.) Pursuant to 605,0207 utory filing requirements, this date will not be fisted as:
ument's effective date on the	Department of State's records.	
cord specifies a delayed effec s filed.	tive date, but not an effective time, at 1.	2:01 a.m. on the earlier of: (b) The 90th day after the
ed JUNE 12	2024	
	Kell	
	Signature of a member or authorized rep	arecontative of a member

Typed or printed name of signee