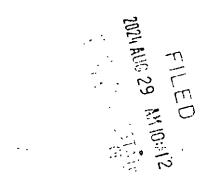
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| (F | Requestor's Name) |
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| (.f. | address) |
| (<i>F</i> | Address) |
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| (C | Dity/State/Zip/Phone #) |
| PICK-UP | WAIT MAIL |
| (E | Business Entity Name) |
| (<u>E</u> | Document Number) |
| Certified Copies | Certificates of Status |
| Special Instructions to Fi | ling Officer: |
| | J. HORNE AUG 3 U 2024 |

Office Use Only



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CORPORATE ACCESS,

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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COVER LETTER

TO: Registration Section
Division of Corporations

| SUBJECT: | Name of Lim | ited Liability Company | | |
|----------------------------|---|---|--|--|
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please return all correspo | ondence concerning this matter | to the following: | | |
| | ESSAM KERAS | | | |
| | | Name of Person | · | |
| | MK BOOKKEEPING SEI | RVICES, LLC | | |
| | | Firm/Company | | |
| | 6741 LAND O LAKES BI | .VD | | |
| | Address | | | |
| | LAND O LAKES, FL 346 | 38 | | |
| | | City/State and Zip Code | | |
| | ESSAM@MKBKSERVICE | ES.COM to be used for future annual report no | tification) | |
| For further information of | concerning this matter, please co | · | Mileatotti | |
| ESSAM KERAS | 813 368 - 2872 | | | |
| Name o | of Person | at () Area Code Daytii | me Telephone Number | |
| Enclosed is a check for t | he following amount: | | | |
| □ \$25.00 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 Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2024 AIIG 29 AII 10: 12
cords.)

CROSSROADS CONSTRUCTION OF FLORIDA 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 v | vere filed on <u>07/16/2024</u> | and assigned |
|---|-------------------------------------|--------------------------------|
| Florida document number L24000312114 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabil | ity company here: | |
| The new name must be distinguishable and contain the words "Limited Liabilit | y Company," the designation "LLC" | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or registered office acagent and/or the new registered office address here: | idress on our records, <u>enter</u> | the name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| The trogetter of the tradition. | Enter Florida street addres: | 1 |
| | , Flo | |
| | City | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | |
| | a to act in this canacity. I fin | ther agree to comply with the |

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|--------------|----------------------|----------------|
| AMBR | MINA MELEK | 20059 STONE PINE CIR | ■Add |
| | | LUTZ, FL 33558 | |
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| Effecti | ve date, if other than the date of filing: (optional) |
| (If an eff | ective 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 |
| | If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records. |
| | and a chieffit date on the Department of Otale a records. |
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