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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: CROSSOVER COMMUNITY CIRCLE, INC	<u></u> .
DOCUMENT NUMBER: ~ 2100000 9108	
The enclosed Articles of Amendment and fee are submitted for tiling.	
Please return all correspondence concerning this matter to the following:	
CHTMSTOPHEN HILL	
(Name of Contact Person)	
CCCI	
(Firm/ Company)	
9526 ARGYLE FOREST BLUD, STE BD 230-B	
JACKSONVILLE, FL 32222 (City/State and Zip Code)	
CNOSSOVER. Community. TEAM & GMAIL. Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
CHVISTOPHEN HILL at 904-758-7565 (Name of Contact Person) (Area Code) (Daytime Telephone Number)	
(Name of Contact Person) (Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following amount made payable to the Florida Department of State:	33 G
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is Enclosed)	7 II SII2
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, Fl. 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303	U V

Articles of Amendment to Articles of Incorporation

Articles of Incorporation of

Chossover commune (Name of Corporation as currently filed with the	, + 4	CIRCIE	INC		
(Name of Corporation as currently filed with the	ne Florida E	ept. of State)	,		
N21000009108			if known)		
(Docu	ment Numb	er of Corporation (if known)		
Pursuant to the provisions of section 617,1006, Flamendment(s) to its Articles of Incorporation:	orida Statute	s, this <i>Florida No</i>	t For Profit Corpo	oration adopts the	following
A. If amending name, enter the new name of the	he corporati	ion:			
NIA					The new
name must be distinguishable and contain the wor "Company" or "Co." may not be used in the nan		ion" or "incorpor	ated" or the abbre	viation "Corp." e	or "Inc."
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET)	able: ADDRESS)	NA			
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE</u>	<u>: BOX</u>)	NIA			
D. If amending the registered agent and/or reg new registered agent and/or the new registe			ida, enter the nar	ne of the	
Name of New Registered Agent:	\mathcal{N}	A	. .		
New Registered Office Address			(Florida street addre	SS)	
New Neglitered Office Address	اربر	Л.			
	//_	(City)		, Florida (Zip Code)	· · · · · · · · · · · · · · · · · · ·
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age	Registered nt. I am fan	Agent: niliar with and acc	cept the obligation	s of the position.	· ,
	N/A	-			
			gistered Agent, if o	changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	PT John Do V Mike Jo SV Sally Si	ones		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
l) Change Add	D	NIKKIKEMP	0 PACE PARIL, F	E COUNT
Remove				
2) Change Add				<u> </u>
Remove 3) Remove Add Remove				
4) Change Add				
Remove				
5) Change Add		 _		
Remove				
6) Change Add				
Remove				
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)		
NA				
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				<i>i</i> 55
The date of each amendment(s) adopt date this document was signed.	ion: <u> </u>			, if other than the
	10			
Effective date if applicable:	NA		île date)	
	(no more than 90 day	s after amendment f	ile date)	
<u>Note:</u> If the date inserted in this block d document's effective date on the Depart	loes not meet the application application of State's records.	able statutory filing i	requirements, this date will	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were adopt was/were sufficient for approval.	ed by the members and	the number of votes	cast for the amendment(s)	

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 917 2023
Signature Cally
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
DINECTON (Title of person signing)
(Title of person signing)

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