## L13000127250

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## **COVER LETTER**

TO: Registration Section : Division of Corporations

Citron of Vero Beach, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

## Christopher C. Campione

Name of Person

Campione, Campione & Leonard, P.A.

Firm/Company

4445 N. Hwy A1A, Suite 110

Address

Vero Beach, FL 32963

City/State and Zip Code

Info@VillageShopsVeroBeach.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lissa Ferguson

,,,772<sub>`</sub>978-9582

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Citron of Vero Beach, LLC		
( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our reco Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability (	Company were filed on 9/9/2013	and assigned
Florida document number L13000127250		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Company," the desig	nation "LLC" or the abbreviatio
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
	<del></del>	13 14 14
Enter new mailing address, if applicable:		NOV 2
(Mailing address MAY BE A POST OFFICE BOX)		
Total Marie Con Intel Berning Williams		70 30
		- CR +:
B. If amending the registered agent and/or regis	tered office address on our records.	enter the name of the new
registered agent and/or the new registered office add	<u>lress here</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	reet address
	, Flo	rida
	City	7in 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 608, 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

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGR	Ana T. Arganaraz	6174 N A1A	Add
		Vero Beach, FL 32963	Remove
MGR	John McLaughlin	300 Harbour Dr. #501A	Add
		Vero Beach, FL 32963	Remove
MGR	Joan McLaughlin	300 Harbour Dr. #501A	Add
		Vero Beach, FL 32963	Remove
		TALLAHASSEE, FLO	Add To Remove
		TORIDA	Add Remove
			Add Remove

If amending any other informati	ion, enter change(s) here: (Attach additional sheets, if necessary.)
•	
<sub>ed</sub> November 18	, 2013
Clth C	ungin, Alt ly.
, ,	ature of a member or authorized representative of a member Campione, Authorized Representative
Christopher C. C	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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