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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
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Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
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SECRETARYEE, FLORIO

J. BRYAN

DEC 1.0 2009

EXAMINER

COVER LETTER

TO:	Registration Sec Division of Corp				
SUBJE	CCT:	Citabel L	LC		
SUBSE			ited Liability Company		
The end	closed Articles of	Amendment and fee(s) are sul	bmitted for filing.		
Please	return all correspor	ndence concerning this matter	to the following:		
		<i>b</i>	Name of Person		
			Tzdo LLC Firm/Company	O9 DI	γ-
		2972	Chelohouse Drive We Address	AHASSEF	<u>.</u>
			City/State and Zip Code	워크 :-	C
For fur	ther information co	E-mail address: (oncerning this matter, please of	to be used for future annual report notification	n)	
	Ray St Name of	Person	at (727) 224-775 Area Code & Daytime Tele	55 ephone Number	
Enclose	ed is a check for th	e following amount:			
\$25	.00 Filing Fee	S30.00 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)	
	Registra Division P.O. Bo	NG ADDRESS: ation Section of Corporations ox 6327 ssee, FL 32314	STREET/COURIER A Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>Citadel</u> ,	LLC	
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears nited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Com	npany were filed on 10	12/2006 and assigned
Florida document number <u>LO 6000 094876</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here	:
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Compan	y," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		7 S E
(Principal office address MUST BE A STREET ADDRES	<u> </u>	ER R
		
Enter new mailing address, if applicable:		Fig. P. D
(Mailing address MAY BE A POST OFFICE BOX)		LOPAGE 17
		P
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		r records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Ente	r Florida street address
	City	, Florida Zip Code
	City	Lip 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

L'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

Address Type of Action Title Name Hot bived 2456 Appalonsa Trail Palm Harber, Florida 34685 MGR **I**Z Add ☐ Remove 6372 Rookery Bradentos, Flor <u>HGR</u> X Add ☐ Remove □ Remove Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated December 7 an Signature of a member of authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00