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Division of Corporations

Florida Department of State
Division of Corporations
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To:

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Account Name : THE PERMENTER LAW FIRM, P.A.
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CITRUS OMS, LLC

Certificate of Status	0
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2022 FEB 17 PM 1:42

CORPORATION

22 FEB 17 AM 11:50

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CITRUS OMS, 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 were filed on November 3, 2006 and assigned Florida document number L06000107106.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

BROCKETT'S LAKE TOXAWAY, LLC

The new name must be distinguishable and contain the words "Limited Liability Company", the designation "LLC" or the abbreviation "L.L.C."

Enter new principal office address, if applicable:

Enter new mailing address, if applicable:

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

New Registered Agent's Signature, if changing Registered Agent:

I hereby certify 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 changing Registered Agent, Signature of New Registered Agent

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C. 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

AR = Authorized Representative

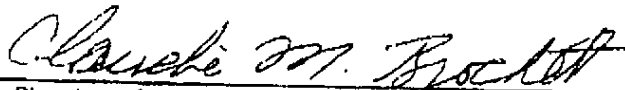
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
 (If an effective 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(3)(b). **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) the 90th day after the record is filed.

Dated February 15, 2022.



Signature of a member or authorized representative of a member

CLAUDIA M. BROCKETT

Typed or printed name of signee

Filing Fee: \$25.00

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