

To:

Page: 2 of 5

2022-10-06 18:56:27 GMT

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From: Sharnie Ode

LO7-0000000327

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : SALVATORI LAW OFFICE, PLLC
Account Number : I20170000055
Phone : (239)308-9191
Fax Number : (239)552-4185

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DIVISION OF CORPORATIONS
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Email Address: LJS@SALVATORI.LEGAL

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CITRUS CREEK GROVE, LLC

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Corporate Filing Menu

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J. DENNIS
OCT 07 2022

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

CITRUS CREEK GROVE, 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 JANUARY 2, 2007 and assigned
 Florida document number: 1,07000000327

This amendment is submitted to amend the following:

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

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 offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

8270 Burnt Store Road

Unit 1

Punta Gorda, Florida 33950

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P. O. Box 512116

Punta Gorda, Florida 33951

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:

George A. Winslow

New Registered Office Address:

8270 Burnt Store Road, Unit 1

Enter Florida street address

Punta Gorda

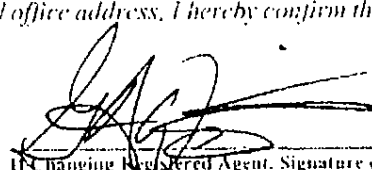
City

Florida 33950

Zip 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 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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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

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	BROWN, VICTOR	2800 PONCE DE LEON BLVD.	<input type="checkbox"/> Add
		SUITE 1160	<input checked="" type="checkbox"/> Remove
		CORAL GABLES, FL 33134	<input type="checkbox"/> Change
MGR	A&P Bennont Manager, LLC	4291 Williams Road	<input checked="" type="checkbox"/> Add
		Estero, Florida 33928	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	WINSLOW, GEORGE A	P.O. Box 512116	<input type="checkbox"/> Add
		Punta Gorda, Florida 33951	<input type="checkbox"/> Remove
			<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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