## L07000073315

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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SECRETARY OF STATE OF STATE OF CORPORATIONS OF CORPORATIONS

J. BRYAN

SEP - 2 2008

**EXAMINER** 

## **COVER LETTER**

ill a 🐞				
TO: Registration Se Division of Cor				
SUBJECT:	citiqueen			
	Name of Limited Lial	bility Company)		
The enclosed Articles of	Amendment and fee(s) are submitted f	or filing.		
Please return all correspo	ndence concerning this matter to the fo	ollowing:		
	Timothy (No	Garito		
	,	irm/Company)		
	3016 Mart.	$\circ$ 1		180 SEA10
•	Orlando, F	L 32806 tate and Zip Code)		SECRETARY IVISION OF CO
	(City/5)	tate and Zip Code)		ORPOR ORPOR
For further information co	oncerning this matter, please call:			TATE ATIO
Tim Gar	(to	at ( <u>407)</u> <u>228 - 83</u> (Area Code & Daytime T	377	- XS
(Name C	f Person)	(Area Code & Daytime 1	elephone Number)	
Enclosed is a check for the	e following amount:			
☑ \$25.00 Filing Fee	Certificate of Status	55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fed Certificate of S Certified Copy (additional copy	tatus &

**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

•	OF	NG 29
Citiaree	,	Composition 29 PM
(A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability C	•	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim  Citique Realty  The new name must be distinguishable and end with the wo  "L.L.C."	110.	LC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		he name of the new
Name of New Registered Agent:		
New Registered Office Address:	(Enter Florida street add	dress)
	, Florida	
	(City)	(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 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		Ç
Title '	Name	Address	Type of Action
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
•			Remove
•			Add
			Remove
			「¯¯] Add
			Remove
D. If amer	nding any other information, enter change(s	) here: (Attach additional sheets, if necessary.)	DIVISION C
_			NOF C
_			
_			STATE ORATIONS
<del></del>			
Dated		•	<del>_</del>
	Signature of a member or	authorized representative of a member	
	Timothy Go	acito printed name of signee	<del></del>

Page 2 of 2

Filing Fee: \$25.00