

Division of Corporations

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

From: Account Name : PERLMAN YEVOLI AND ALBRIGHT PL  
Account Number : I20040000167  
Phone : (954) 566-7117  
Fax Number : (954) 566-7115

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08 FEB -8 AM 8:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN****CITISIDE, LLC**

Certificate of Status	0
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**D. BRUCE**

FEB 08 2008

**EXAMINER**

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CITISIDE, 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:

Prianka Nagpal

(Name of Person)

Perlman, Yevoli, & Albright, P.L.

(Firm/Company)

200 S. Andrews Ave., Suite 600

(Address)

Ft. Lauderdale, FL. 33301

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Prianka Nagpal

(Name of Person)

at ( 954 ) 566.7117

(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**

CITISIDE, 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 01.31.2008

Florida document number L08000011033

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**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: LASALLE FINANCIAL, LLLP

New Registered Office Address: 4471 BRANDYWINE DRIVE  
(Enter Florida street address)

BOCA RATON, Florida 33487  
(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)

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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

Title	Name	Address	Type of Action
MGRM	LASALLE FINANCIAL, LLP	LASALLE FINANCIAL, LLP	<input checked="" type="checkbox"/> Add
	LASALLE FINANCIAL, LLP	4471 Brandywine Drive	<input type="checkbox"/> Remove
		Boca Raton, FL 33487	
MGRM	LASALLE HOLDINGS, LLC	LASALLE HOLDINGS, LLC	<input type="checkbox"/> Add
		4471 Brandywine Dr.	<input checked="" type="checkbox"/> Remove
		Boca Raton, FL 33487	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated \_\_\_\_\_

Signature of a member or authorized representative of a member

Prianka Nagpal

Typed or printed name of signee

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