L090000 1411

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S. HAWKES

AUG 3 0 2010

EXAMINER

COVER LETTER

TO: Registration Sect Division of Corpo						
SUBJECT: Citrus Solutions, LLC						
		ted Liability Company				
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.				
Please return all correspond	lence concerning this matter	to the following:				
	Joyce M. Blackmon					
		Name of Person				
		Citrus Solutions, LLC				
		Firm/Company				
		P.O. Box 1341				
		Address				
	Zolfo Springs, FI 33890					
		City/State and Zip Code				
	jmblackmon@embarqmail.com E-mail address: (to be used for future annual report notification)					
For further information con	cerning this matter, please c	-	,			
Joyce M. Blackmon		a (90-2202			
Name of F	erson	Area Code & Daytime	relephone 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)	Sectificate of Status & Certificate 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

Citrus Solui	tions, LLC	anda \	
(Name of the Limited Liability Compa (A Florida Limited L	iability Company)	CUTUS.)	
The Articles of Organization for this Limited Liability Company Florida document numberL0900001411	were filed onJanuary 0	06, 2009 and assigned	
This amendment is submitted to amend the following:		6	
A. If amending name, enter the new name of the limited liab	ility company here:	FIE 27	
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the des	ignation "List" or the abbrayiation	
Enter new principal offices address, if applicable:	1586 N.E. Lee Dr	第 表 5	
(Principal office address MUST BE A STREET ADDRESS)	Arcadia, FI 34266	DE .	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		s, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, F	lorida	
	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

, , <u>,</u>

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
PMGR	Fred MatthewMoye	P.O. Box 1341 Zolfo Springs, FI 33890	Add Remove
MGRM	Kelly Wadsworth Moye	P.O. Box 1341 Zolfo Springs, Fl 33890	✓ Add ☐ Remove
			Add Remove
			Ramoye
····			Add Remove
<u></u>			Add Remove
D. If amen	ding any other information, enter cha	ange(s) here: (Attach additional sheets, if nece	essary.)
Dated	Fred Ma	tthew Moze	
	· ·	hber or authorized/representative of a member Fred Matthew Moye ped or printed name of signee	·
	1 y	beg of britised name of signee	

Page 2 of 2

Filing Fee: \$25.00