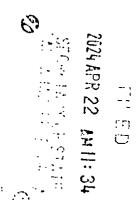
(F	Requestor's Name)	
(A	ddress)	
(A	(ddress)	
(C	City/State/Zip/Phone #/)
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	<u>-</u>
(C	Occument Number)	
Certified Copies \(\square\)	Certificates of	Status
Special Instructions to	o Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration So Division of Cou			
Citty Sport	s LLC		•
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Kyle Citty		
		Name of Person	
	 	Firm/Company	
	2353 Brickell Place		
		Address	
	Oviedo, FL 32765		
	kylecitty24@gmail.com	City/State and Zip Code	
		to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
Kyle Citty		407 782-5824 at (
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he 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 Addres Registration (<u>Street Address:</u> Registration Sc	ection
Division of C		Division of Co	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa		
(A Florida Limited)	iny as it now appears on our re Liability Company)	scords.)
The Articles of Organization for this Limited Liability Company Florida document number L09000062084	were filed on <u>06/26/2009</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Citty Ventures LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2353 Brickel Place	69
(Principal office address MUST BE A STREET ADDRESS)	Oviedo, FL 32765	
		AP
		2
Francisco de Silva addessa St. verbierble.	2353 Brickell Place	
Enter new mailing address, if applicable:	Oviedo, FL 32765	
(Mailing address MAY BE A POST OFFICE BOX)	Ovicao, 12 32703	-, -
		β () (Δ)
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ei</u>	nter the name of the new register
Name of New Registered Agent: New Registered Office Address:	Enter Florida street a	ddress
	Enter Florida street ad	
		, Florida
	City	

If Changing Registered Agent, Signature of New Registered Agent

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>	Name	Address	Type of Action
			□Add
		 	
			☐ Change
			□ Петюче
		.	Change
			□Remove
		 	☐ Change
****			□Add
			Remove
			Change
			□Add
			∏Remove
			
			□Remove
			□Change

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ffective	date, if other than the	date of filing	g:		(optional)	
an effecti lote: If i	e date is listed, the date mus he date inserted in this bl	t be specific and ock does not n	I cannot be prior neet the annlic	to date of filing of able statutory f	r more than 90 days	s after filing.) Pursu s this date will n	ant to 605.020 of he listed a
	s effective date on the D				ing requirement	s, tins date witt i	or be fisied a
record s	ecifies a delayed effectiv	e date, but not	an effective ti	me, at 12:01 a.	m. on the earlier o	of: (b) The 90th	day after the
l is filed.							
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Filing Fee: \$25.00