

L10000080049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2010 NOV -8 PM 1:21  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

C. LEWIS

NOV 9 2010

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CitruSolution of Boca-Delray, 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:

Kathleen Stevens

Name of Person

CitruSolution of Boca Raton, LLC

Firm/Company

6901 Okeechobee Blvd. #D5-103

Address

West Palm Beach, FL 33411

City/State and Zip Code

Stevensboca@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathleen Stevens

Name of Person

at ( 561 ) 213-4587

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

FILED

2010 NOV -8 PM 12:21

CITRUSOLUTION OF BOCA-DELRAY, 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 July 30, 2010 and assigned  
Florida document number L10000080049.

This amendment is submitted to amend the following:

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

CITRUSOLUTION of Boca Raton, LLC

The new name must be distinguishable and end with 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)**

6901 Okeechobee Blvd. D5-103

West Palm Beach, Fl. 33411

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

**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:

Burton W. Stevens

New Registered Office Address:

1906 SW Amarillo Lane

*Enter Florida street address*

Palm City

*City*

Florida

34990

*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.*

*[Signature]*  
If Changing Registered Agent, Signature of New Registered Agent

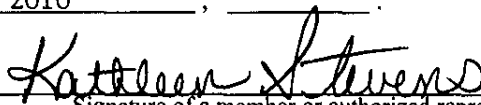
**If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:**

**MGR = Manager**  
**MGRM = Managing Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGMR	Stevens, Burton	1906 SW Amarillo Lane Palm City, Fl 34990	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGMR	Stevens, Kathleen	1906 SW Amarillo Lane Palm City, Fl. 34990	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGMR	Burkhart, Patrick	22077 Martella Avenue Boca Raton, Fl. 33433	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGMR	Potter, Charles	6713 Via Bellini Lake Worth, Fl. 33467	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGMR	Potter, Nancy	6713 Via Bellini Lake Worth, Fl. 33467	<input type="checkbox"/> Add <input checked="" 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 November 5, 2010



Signature of a member or authorized representative of a member

Kathleen Stevens

Typed or printed name of signee

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 2010 NOV - 8 PM 15 21  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA