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SECRETARY OF STATION OF CORPORATION

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Citrus County Rentals, 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:
David La Croix Name of Person
44 Chinkapin Circle
Address Homosassas FL 34446 City/State and Zip Code david lac & tompabay rr, com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: David LaCroix at (352) 382-1373 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Filing Fee Certificate of Status Solution Fee Certificate of Status 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

SECRETARY OF STATE DIVISION OF CORPORATION:

Citrus	Count a Rentale LLC	
(Name of the Limited Liab) (A Flori	County Rentals, LLC ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 9/8/3010 and assigned		
Florida document number <u>L 10000093</u>	<u>5944</u>	
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the l	limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office a	gistered office address on our records, <u>enter the name of the new</u>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
-	, Florida	

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>Title</u> **Type of Action** Manager Denise La Croix 44 Chinkapin Circle Add

Homosassa, FL 34444 Remove

Manager David La Croix 44 Chinkapin Circle Add

Homosassa, FL 34446 Remove Remove Remove Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Filing Fee: \$25.00