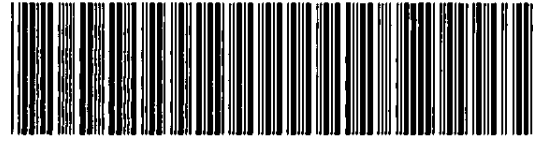


L11 000 106 205



300214129263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

11/14/11--01036--005 **30.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Special Instructions to Filing Officer:

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T. CLINE
DEC - 5 2011
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 15, 2011

MARC SOUDIJN
6803 HONEYSUCKLE TRAIL
BRADENTON, FL 34202

SUBJECT: EQUALAND RESTAURANTS, LLC
Ref. Number: L11000106205

We have received your document for EQUALAND RESTAURANTS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 511A00025885

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EQUALAND RESTAURANTS, 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:

MARC SOUDIJN

Name of Person

EQUALAND RESTAURANTS, LLC

Firm/Company

6803 HONEYSUCKLE TRAIL

Address

BRADENTON, FL 34202

City/State and Zip Code

MARC14@FWWCITRUS.COM

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

For further information concerning this matter, please call:

MARC SOUDIJN

Name of Person

at (**941**)

524-0409
Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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**

EQUALAND RESTAURANTS, 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 **SEPTEMBER 16, 2011** and assigned Florida document number **L11000106205**

This amendment is submitted to amend the following:

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

CITROLUX, 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

New Registered Office Address:

Enter Florida street address

, **Florida** ,

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

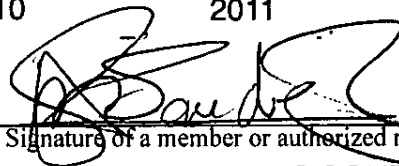
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	JIMMY MOSQUERA	6803 HONEYSUCKLE TRAIL BRADENTON, FL 34202	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	ARTHUR SOUDIJN	8858 17TH AVENUE CIRCLE N.W. BRADENTON, FL 34209	<input checked="" type="checkbox"/> 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

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 2011 DEC 12 AM 10:51
 Add
 Remove
 Add
 Remove

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

CHANGE BUSINESS DESCRIPTION TO: MANUFACTURING/DISTRIBUTION

Dated NOVEMBER 10 2011



Signature of a member or authorized representative of a member

MARC SOUDIJN

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00