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## **COVER LETTER**

Division of Corporations ,
SUBJECT: CitiPoint Properties, USA 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:
J. Robert Lestage  Name of Person  CitiPoint Properties, USA  Firm/Company
725 Cristelle Jean Dr Address
Ruskin, FL 33570 City/State and Zip Code
E-mail address: (to be used for Ature annual report notification)
For further information concerning this matter, please call:
Robert Lestage at (813) 458 1495  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \( \text{Certificate of Status} \) \( \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \) \( \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \)

TO:

Registration, Section

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

CitiPoir	ot Properties, USA LLC	
( <u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liabilit	Company were filed on $\frac{9/26/11}{42.7}$ and assigned	
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the The Endvant Gr The new name must be distinguishable and contain the words.	imited liability company here:  OUP, L.C.  Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."	_
Enter new principal offices address, if applicable: ( <u>Principal office address MUST BE A STREET AL</u>	DRESS)	<del>-</del>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		<del>-</del>
B. If amending the registered agent and/or re registered agent and/or the new registered office a	gistered office address on our records, enter the name of the ddress here:	new
Name of New Registered Agent:	PM C7	
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 605, 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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = MAMBR = A	Manager Authorized Member		
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