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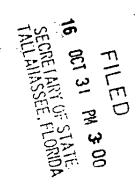
(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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D. **SCOTT NOV** 1 2016

COVER LETTER

TO: Registration Sect Division of Corpo			
Citrus Builde SUBJECT:	r LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Nachum Kalka		
		Name of Person	
	Citrus Builder LLC		
		Firm/Company	
	PO Box 3179		
		Address	
	Homosassa Springs, Fl 344	47	
		City/State and Zip Code	
	nkcorp@tampabay.rr.com		
	E-mail address: (to be used for future annual report notifica	tion)
For further information cor	ncerning this matter, please ca	all:	
Amy Kelley		352 382-5183 at ()	TASE 5
Name of I			clephone Number LARCH STEEL ST
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status (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

Citrus Builder LLC			
(Name of the Lim	ted Liability Comps (A Florida Limited)	iny as it now appears on our records.) Liability Company)	****
The Articles of Organization for this Limited I	Liability Company	were filed on August 19, 2013	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name o	of the limited liab	ility company here:	
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: (Principal office address MUST BE A STREET ADDRESS)		3 Cypress Run # 32C	
		Homosassa, Fl 34446	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		P O Box 3179 Homosassa Springs, FI 34447	
B. If amending the registered agent and		ffice address on our records e	enter the instance of the
registered agent and/or the new registered of			SEE SEE
Name of New Registered Agent:	Nachum Kalka		50 3 00 00 00 00 00 00 00 00 00 00 00 00
New Registered Office Address:	3 Cypress Run	# 32C Enter Florida street address	7
	Homosassa	Florie	da <u>34446</u>
		City, Floring	Zin 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, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Nachum Kalka	3 Cypress Run # 32C Homosassa Florida 3446	Add
			Remove
			Change
MGRM	Joe C Meek JR		Add
		5774 North Lamppost Dr Beverly คิงกัสด 34465	■ Remove
			Change
			🗆 Add
			_□ Remove
			Change
			Add
			Remove
			Change
			□ Add
		ALLAN	Ratiove FICTION SCHOOL FILE CHARGE FILE CH
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fective date, if other than the	date of filing:		CCV	(option	
n effective date is listed, the date mus ote: If the date inserted in this bl	ock does not mee	et the applicable			
cument's effective date on the D	epartment of Stat	e's records.			
record specifies a delayed The 90th day after the rec		e, but not a	n effective tim	ne, at 12:01 a.r	n. on the earlier o
The source day area and rec	ord to medi				and the state of
October 27		2016			ALC SEC
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· fac ()	Signature of a mer	mber or authorize	ed representative of	a member	OF STATE SEE, FLORIDE

Page 3 of 3

Filing Fee: \$25.00