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COVER LETTER

TO: Registration So Division of Co			
SUBJECT:Ciy	io Investm	STIS LLC .	
		-	
Please return all correspo	ondence concerning this matter	to the following:	
	Dan	Name of Person	
		Firm/Company	
	13401 De	Address Drive	
	Palm Beac	City/State and Zip Code	<u> 33418</u>
	E-mail address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	all:	
Danielle C	Name of Limited Liability Company ed Articles of Amendment and fee(s) are submitted for filing. m all correspondence concerning this matter to the following: Danielle Civio Name of Person		
same o	of Ferson	Area Code Daytime	· Felephone Number
,	he following amount:		
\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

	FILED
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on any records 8 P to 19 Liability Company
The Articles of Organization for this Limited Liability Company Florida document number	v were filed on 10,100 00 H 05 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "L.L.C." 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)	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

_. Florida <u>__</u>

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 Type of Action Title Name Address Nicholas Cirio MGR 13461 Deer Creek Drive - Add Palm Beach Gardons FL 33418 Remove _____ □ Change □ Add ☐ Remove □ Change \square Add □ Remove _□ Change _____ Add ☐ Remove □ Change \square Add ☐ Remove _□ Change □ Add □ Remove

_□ Change

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(If an effe	we date, if other than the date of filing: 3142019 (optional) etive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the only a effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	March 14 . 2019.
	Wanully Coup Power of Attorney for Nicholas Civio Signature of a member or authorized representative of a member
	Danielle Civio (Power of Attorney) Typed or printed name of signee Nicholas Civio

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Filing Fee: \$25.00