## L14000173833

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## **COVER LETTER**

TO:

Registration Section Division of Corporations

Citravest !	Management LLC			
SUBJECT:	Name of Lir	nited Liability Company		
		:		,
The enclosed Articles o	f Amendment and fee(s) are sul	hmitted for filing		
		_		
ricase return an corresp	ondence concerning this matter	r to the following:		•
	Lesley Guarino			·
		Name of Person		~ ,
	Citravest Management LI	.C		
		Firm/Company		_
	140 Island Way Suite 113			
		Address		-
	Clearwater FL 33767			292
		City/State and Zip Code		- 1. F.5
	LGUARINO76@GMAIL.			 မ
	E-mail address:	to be used for future annual report not	itication)	
For further information of	concerning this matter, please c	all:		- G oo
Lesley Guarino		315 783-4744 at ( )	<b>\</b> .	AH 8: 47
Name c	d Person		ie Telephone Number	
Enclosed is a check for t	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, 1	Section orporations 7	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro	porations	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Citravest Management LLC		
( <u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our records. da Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 3/28/2023		and assigned
Florida document number L14000173833	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	•
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC",	or the abbreviation "L. L. C."
Enter new principal offices address, if applicable:		2023
(Principal office address MUST BE A STREET ADD	RESS)	>#. ()
		<u>မ</u> မ
		ال هنال
Enter new mailing address, if applicable:		. Con 🕳 🚅
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:	-	
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
	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 amentling 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
MGR	Julia Sanford	140 Island Way Suite 113	<b>≡</b> ∧dd
		Clearwater FL 33767	□Remove
			Change
			□Add
			Remove
		<del></del>	☐Change
			□ A <b>va</b> d □ T
			CFI C Grange
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