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15 MAR 30 AH II: 50



J. STINOTS MAR 3 0 2015

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CITEC 1- CONTROL Residential Library Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
EAIMO O. BETOOI Name of Person
Firm/Company
205 wheler 54 Address
De Leon Springs FL 32130 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at () (94 - 7762 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status 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

(Name of the Limited Liability Companied Limited Limit	v as it now appears on our records.	LC_	
The Articles of Organization for this Limited Liability Company v Florida document number <u>L15000848144</u>	were filed on 3-17-15	and assigne	d
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil CICOTE OUT MOOF The new name must be distinguishable and end with the words "Limited Liabileteness".	residential	LLC e 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 of registered agent and/or the new registered office address here		r the name of t	he new
Name of New Registered Agent:		15 HA	7
New Registered Office Address:	Enter Florida street address		
 	, Florida	Zip Code S	

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Ms $AMBR = At$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Add
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			Addt Somove
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Effective The effectiv the date thi Dated	s document is filed by the Florida Dep	or to date of receipt or filed date and cannot be more than 90 days after partment of State) re of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00

