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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone #)
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(Do	cument Number)	
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MAY 2 6 2015

J SHIVERS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Citrosa Pool and Spa, LLC 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:
Jean Marcon
Citrosa Firm/Company
PO Box 10597
Maples, Fl 34108 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jean Marron at (239) 223-4098 Name of Person at (239) 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, Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, 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	Sa Pool and Liability Company as it now a A Florida Limited Liability Comp	Spears on our records.)	7
The Articles of Organization for this Limited Lia	bility Company were filed o	n 5/8/2015	and assigned
Florida document number			
A. If amending name, enter the new name of	the limited liability compa		breviation "L.L.C."
Enter new principal offices address, if applica (Principal office address MUST BE A STREET)	ble:		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u> </u>		
B. If amending the registered agent and/o registered agent and/or the new registered off		ss on our records, enter	the name of the new
Name of New Registered Agent:	William	L Patterso	<u> </u>
New Registered Office Address:	767 Ent	er Florida street address	<u>N.</u>
	Naples	, Florida	34108 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.

f 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 = Ms $AMBR = At$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGP	William L. Patterson	767 106th Ave N.	Add
	Vatterson	767 106th Ave W. Naples, FL 3410	8 □ Remove
			Change
AMBR	Jean E Marron	767 106th Ave 1	<u>Ĵ.</u> □ Add
		Naples, FL 3410	Remove
		•	Change
			Add
			Remove
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If an eff <u>Note:</u>	ive date, if of fective date is lis If the date ins ment's effective	ted, the date erted in th	must be speci is block does	fic and cann not meet	the applicab	date of filing of	or more than 9	(optio 0 days after t ments, this	iling.) Pursuan	t to 605.0207 be listed as
he red The	cord specific 90th day a	es a dela fter the	yed effect record is f	ive date filed.	, but not	an effectiv	e time, at	: 12:01 a	.m. on the	earlier of
Dated	-M	ay	19 W/	2.	201	5 P~	-SZ			
		<u> </u>	Signatur	e of a memi	per or authori	zed representa	tive of a men	iber		

Page 3 of 3

Filing Fee: \$25.00