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D. SCOTT MAR 1 2017

## **COVER LETTER**

TO:	Registration Se Division of Cor				
ŞUBJ	ест:	itrus Park =	Plana, LLC ited Liability Company		
The er	sclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
		Janine	Cornelius Name of Person		-
		<u> </u>	Firm/Company	and the state of t	Tasa 🕇
	·	2401	S. Dale Mabro	SteA	1990年 190年 1
		Jamp	City/State and Zip Code	29	- 34-4 T
		JEornela Ot. E-mail address: (	amna bay if r Com to be used for future annual report notif	7	PN 1: 23 PN 1: 23 E. FLORIDA
For fu	rther information co	oncerning this matter, please ca	all:		
	Name o	ornelius f Person	at (813) 254- Area Code Daytime	4568 Telephone Number	<del>.</del>
Enclos	sed is a check for th	ne following amount:			
<b>卢</b> \$2	5.00 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 Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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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 Par	FL Plaza, LLC  Liability Company as it now appears on out Florida Limited Liability Company)	er records.)
(A	Florida Limited Liability Company)	•
The Articles of Organization for this Limited Liab		. 4,2015 and assigned
Florida document number <u>L/5000</u> /	50814	
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	ne limited liability company here:	
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the designat	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:	
Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
Enter new maning autress, in applicable: (Mailing address MAY BE A POST OFFICE BO		
muning address MAT BE A 1 031 01 11CL BO		70
	· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or		records, enter the name of the new
registered agent and/or the new registered offic	e address here:	LE 27 SSE
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	at address
	Enter Florida sire	
-	City	, Florida 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorizėd Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	JanineK. Cornelius, D.Os.,	P.A. (no Changem address)	
			Remove
			Change
AMBR	Janine K. Cornelius	(noaddress change)	<b>Ş</b> ĆAdd
			Remove
-			☐ Change
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ffectiv	we date, if other than the date of filing: $\frac{2}{12}$
an effe	ctive 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
ote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
ocume	ent's 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
The	90th day after the record is filed.
	Feb. 12, 2017.
	Fub. 12, 2017.
	July, 12, 2017.
	Janine K. Cornelius, D.D., P.A.  Signature of a member or authorized representative of a member  Janine K. Cornelius, D.D., P.A.  Typed or printed name of signer.

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Filing Fee: \$25.00