Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000205119 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GFS TAX & ACCOUNTING SERVICES

Account Number : I20140000089

: (754)301-2128

Fax Number : (954)252-4650

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. Email Address: INFO @GFSTAXACC

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CITRUS 7 LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

TO:

From: Juliana dos santos

4210002051193

COVER LETTER

TO: F	Registration Sec Division of Corp	rtion porations		
	CITRUS 7 L			
PORTEC	T:	Name of Limit	led Liability Company	
The enclo	sed Articles of a	Amendment and fee(s) are sub-	nitted for filing.	
Please ret	um al) correspo	ndence concerning this matter t	o the following:	
		GILVAM F DOS SANTOS	1	
			Nume of Person	
		GFS TAX & ACCOUNTIN	NG SERVICES LLC	
			Firm/Company	
		11764 W SAMPLE RD ST	E 102	
			Address	
		CORAL SPRINGS FL 330	65	
			City/State and Zip Code	
		INFO@GFSTAXACCT.CC	On the used for future annual report notifier	tion)
For furth	er information c	oncerning this matter, please ca		ŕ
GILVAN	и F DOS SANT	os	954 9573244 at ()	
	Name o	r Person	Area Code Daytime I	elephone Number
Enclosed	lis a check for th	he following amount:		
□ \$25.	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Section	Street Address: Registration Section	
	Division of C	Corporations	Division of Corpo	A BUILD

P.O. Box 6327
Tallahassec, FL 32314

The Centre of Tailahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

H210002051193

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida L.	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor Florida document number <u>L16000086649</u>		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" of	or the abbrevious "L.L.C."
Enter new principal offices address, if applicable:		202
(Principal office address MUST BE A STREET ADDRE	<u></u>	35 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
Enter new mailing address, if applicable:		ILED PH 5
(Mailing address MAY BE A POST OFFICE BOX)		<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter th</u>	ne name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbrevious "LLC"	ida

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.

4210002051193

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

*Page: 4 of 5

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	LRCL INVESTMENTS LLC	11764 W SAMPLE RD STE 102	□Add
		CORAL SPRINGS FL 33065	■Remove
			Change
			□Add
			□Remove
			□ Change
			DAdd
			Remove
			Change
			□Add
			Remove
			□Change
			□Add
			□Reniove
			□Change
			□Add
			□Remove
			∏ Change

'Page: 5 of 5

H210002051193

n/a				
	· · · · · · · · · · · · · · · · · · ·			
			5 ,	
			ZE Z	3
			MAY 2	
			SE SE	į
	<u></u>			ָ ר
			<u> </u>	
			\$ 5	
				•
				-
				_
				•
				-
				-
				_
				-
e o a a companyahan aha da da	o of filings		(ontional)	
fective date, if other than the dat in effective 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 60	5.02
ote: If the date inserted in this block cument's effective date on the Depar	does not meet the applicat timent of State's records.	ole stalutory filing requirer	nents, this date will not be its	(CU i
·				
ecord specifies a delayed effective da	ite, but not an effective tim	e, at 12:01 a.m. on the ear	lier of: (b) The 90th day after	er th
is filed.				
med MAY 21	2021	\sqrt{N}		
Red		-		
		70		
	nuture of a manufact or surbor	ized representative of a memb	cr	