L16 000112651

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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(Bu	siness Entity Nam	ne)
(Do	cument Number)	
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COVER LETTER

CITRUS (COMPUTER SERVICES, LLC		
3013the1.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Richard J. Roy		
		Name of Person	
		Firm/Company	
	10921 SE 74th Ct.		
		Address	
	Belleview, FL 34420		
	Richard.Roy3113@gmail.c	City/State and Zip Code om to be used for future annual report notifi	
For further information c	concerning this matter, please ca	·	cation)
Richard Roy		954 551-4428 at ()	
Name c	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 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:

Registration Section

Division of Corporations

TO:

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
Tailahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CITRUS COMPUTER SERVICES, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) of Organization for this Limited Liability Company were filed on 06/10/2016 and a

The Articles of Organization for this Limited Liability Con	npany were filed on 06/10/20	16	_ and assigned
florida document number L16000112651	,		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company here:		
Richard J. Roy, LLC			
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designat	ion "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRE.	<u></u>		
			<u> </u>
Enter new mailing address, if applicable:		7.	
Mailing address MAY BE A POST OFFICE BOX)			
		:	ē
		E) r	# 2
B. If amending the registered agent and/or register registered agent and/or the new registered office addresses.		records, enter th	e name of the
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida str	eet address	
	City	, Florida	Zip Code

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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			☐ Remove
		☐ Change	
			
			□ Remove
			☐ Change
			☐ Add
			O!Change
			☐ Remove
			☐ Change
		Add	
			Remove
			Change
			🗖 Add
			Remove
			Change

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ective date, if other than the date of filing:	
effective date is listed, the date must be specific and cannot be prior to date of filing e: If the date inserted in this block does not meet the applicable statutory ument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effecti he 90th day after the record is filed.	ive time, at 12:01 a.m. on the earlier
ed	
CHAED. Signature of a member or authorized represen	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00