

L16000146587

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

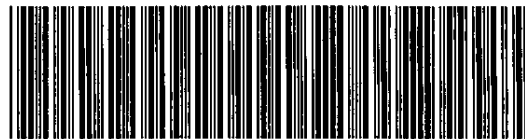
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/26/16--01039--017 **30.00

2016 SEP 26 AM 11:00
FILING OFFICE
TALLAHASSEE, FLORIDA

2016 SEP 26 PM 3:59
FILING OFFICE
TALLAHASSEE, FLORIDA

SEP 26

SEP 28 2016

WILKER

COVER LETTER

TO: Registration Section,
Division of Corporations

SUBJECT: CITRUS SANDBLAST L.L.C.
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:

BRANDON TRIMBLE
Name of Person
CITRUS SANDBLAST LLC
Firm/Company
12537 WESTFIELD LAKES CIR.
Address
WINTER GARDEN, FL 34787
City/State and Zip Code
SAND LIFE @ CITRUS SANDBLAST.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEXANDRA LARSEN at 407 417 7717
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

**TO
ARTICLES OF ORGANIZATION
OF**

CITRUS SANDBLAST LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 8-5-16 and assigned
Florida document number L16000146587

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

BRANDON TRIMBLE (MANAGER) NEW

New Registered Office Address:

12537 WESTFIELD LAKES CIR

Enter Florida street address

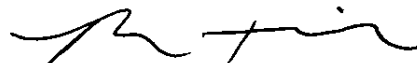
WINTER GARDEN, Florida 34787

City

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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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MGR	ALEXANDRA LARSEN		<input type="checkbox"/> Add
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~~CHANGE~~ CHANGE TO OWNER

		12537 WESTFIELD LARSEN CIR WINTER GARDEN, FL 34787	<input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
--	--	---	---

OWNER	BRANDON TRIMBLE		<input type="checkbox"/> Add
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~~CHANGE~~ CHANGE TO MANAGER

		12537 WESTFIELD LARSEN CIR WINTER GARDEN, FL 34787	<input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
--	--	--	---------------------------------

			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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			<input checked="" type="checkbox"/> Change
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
--	--	--	---------------------------------

Please change Brandon Trimble's position to manager
and change Alexandra Larsen's position to owner.

If you have any questions please call:

Alexandra Larsen: (407) 417-7717

Brandon Trimble: (407) 488-5927

16 SEP 25 PM 3:09
F-1

E. Effective date, if other than the date of filing: 9/21/2010 (optional)

(If an 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated September 21, 2010.

BT

Alexandra Larsen

Signature of a member or authorized representative of a member

BRANDON TRIMBLE

Alexandra Larsen

Typed or printed name of signee