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COVER LETTER

TO:

Registration Section

Division of Corporations					
SUBJECT: B.	B. CITADE Name of Lim	LLA LLC ited Liability Company			
The enclosed Articles of Amendment and fee(s) are submitted for filing.					
Please return all correspo	ondence concerning this matter	to the following:			
	DYNASTIE !	M. SYDNEY TR	ESOR KATIE		
		Firm/Company	 		
	5854 NW	FOGEL CT.			
	PORT ST L	City/State and Zip Code 40 & amail to be used for future annual report notifi	1986		
	DYNASTY 20 E-mail address: (1	140 B amail.	cation)		
For further information c	oncerning this matter, please ca	all:			
DYNASTI E Name o	KATIE f Person	at (772) 882 Area Code Daytime	15 93 Telephone Number		
Enclosed is a check for the	ne following amount:				
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Section of Corporate Centre of Ta 2415 N. Monroe Tallahassee, FL.	orations allahassee Street, Suite 810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

B.B. CITADEL (Name of the Limited Liability Con (A Florida Limit	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	H/A
The state of the s	
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	N/A
New Registered Office Address:	Enter Florida street address
	, Florida 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 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 **Title** <u>Name</u> **Address** Type of Action 5854 NW FOGEL CT. AMBR DYNASTIE M. SYDNEY
MOR TRESOR KATIE PORT ST. LUCIE, FL 34986 5854 NW FOGEL CT.
PORT ST. LUCIE, FL 34986 □Add BERNARD MAMBO AMBR □Remove PORT ST LUCIE FL 34AB BEATRICE VICTOIRE BEUGRE _____ □Remove _____ Change \square Add □Change \square Add

__ Change

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(If an efformation Note:	ve date, if other than the date of filing:
the record	I 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 ed.
Dated _	SAT MAY 30 , 2020.
	SAT MAY 30 , 2020. Dyrake Works Signature of a member or authorized representative of a member
	DYNASTIE M. SYDNEY TRESOR KATIE Typed or printed name of signee