## 47000171599

(Red	questor's Name)	
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## **COVER LETTER**

TO:	Registration Sec Division of Corp			
eun u	Nuco Citrus			
SUBJE	ECT:		ted Liability Company	<del></del>
The en	closed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please	return all correspor	ndence concerning this matter t	o the following:	
		Neil Duren		
			Name of Person	
		NUCO Citrus, LLC		
		<del></del>	Firm/Company	
		13526 Oriental Street		
			Address	<del></del>
		Rockville, MD 20853		
		<del></del>	City/State and Zip Code	
		nduren@gramhill.com		<u></u>
		E-mail address: (t	o be used for future annual report notific	cation)
For fur	ther information co	oncerning this matter, please ca	ll:	
Neil E	uren		202 441-3286 at ( )	
-	Name of	Person	at () Area Code Daytime	Telephone Number
Enclos	ed is a check for th	e following amount:		
□ \$2	5.00 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 P.O. Box 6327 Tallahassee, FL 32314 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

NUCO Citrus, LLC				
(Name of the Limited 1 (A.)	iability Company as it now appears on our reco- lorida Limited Liability Company)	<u>rds.</u> )		
The Articles of Organization for this Limited Liabi Florida document number L17000171599	lity Company were filed on August 11, 201	7	and assign	ed
This amendment is submitted to amend the followi	ng:			
A. If amending name, enter the new name of th	e limited liability company here:			
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "Ll	_C" or the a	bbreviation "L.L.C	
Enter new principal offices address, if applicabl	e:			
(Principal office address MUST BE A STREET A	IDDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>			
B. If amending the registered agent and/or registered agent and/or the new registered office		ds, <u>enter</u>	the name of 2018 HA	
Name of New Registered Agent:				
New Registered Office Address:			SSEI	<u></u>
	Enter Florida street addi		AH.	
-	, l	Florida	Ziji Cođe	<u> </u>
	Cuy		The Court	

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Neil Duren	20 South Swinton Avenue, Delray l	■ Add
			Remove
			Change
AMBR	Neil Duren	20 South Swinton Avenue, Delray I	Add
			□ Remove
			Change
		<u></u>	Add
			Remove
		<del></del>	☐ Change
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ffective date, if other than the dan effective date is listed, the date must lote: If the date inserted in this blococument's effective date on the Dep	se specific and cannot be prion of the specific and cannot be prion to the specific	r to date of filing or more cable statutory filing	(option than 90 days after for requirements, this o	iling.) Pursuant	to 605.0207 se listed as
e record specifies a delayed The 90th day after the reco	effective date, but nord is filed.	ot an effective tir	me, at 12:01 a.	m. on the e	earlier o
nted	. 2018	- A	1.	4	
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