

U8000174994

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

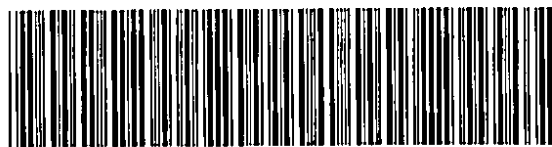
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400317585644

08/31/18--01023--004 \*\*20.00

FILED  
18 AUG 31 PM 2:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 10 2018  
T SCHROEDER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CITRUS SPRINGS ENTERPRISE LLC**

\_\_\_\_\_  
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:

**SHAHADAT HOSSAIN**

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

**9580 N CITRUS SPRINGS BLVD**

\_\_\_\_\_  
Address

**CITRUS SPRINGS FL 34434**

\_\_\_\_\_  
City/State and Zip Code

**HARSHA.TAS@GMAIL.COM**

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**SHAHADAT HOSSAIN**

**812**

**445-9309**

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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  
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**

CITRUS SPRINGS ENTERPRISE 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 07/20/2018 and assigned  
Florida document number L18000174994.

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)**

9580 N CITRUS SPRINGS BLVD

CITRUS SPRINGS

FL 34434

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

9580 N CITRUS SPRINGS BLVD

CITRUS SPRINGS

FL 34434

**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:

New Registered Office Address:

9830 N CITRUS SPRINGS BLVD

*Enter Florida street address*

CITRUS SPRINGS

*City*

Florida 34434

*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**

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>	<u>Type of Action</u>
MGR	SHAHADAT HOSSAIN	9580 N CITRUS SPRINGS BLVD	<input type="checkbox"/> Add
		CITRUS SPRINGS	<input type="checkbox"/> Remove
		FL 34434	<input checked="" type="checkbox"/> Change
MGR	SHAHANA MUMIN	9530 N CITRUS SPRINGS BLVD	<input type="checkbox"/> Add
		CITRUS SPRINGS	<input checked="" type="checkbox"/> Remove
		FL 34434	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
18 AUG 31 PM 2:14  
SLC DISTRICT STATE  
TALLAHASSEE, FLORIDA

18 AUG 31 PM 2:14  
STATE  
ALLIANCE  
FLORIDA

FILED  
18 AUG 31 PM 2:14  
U.S. DISTRICT COURT  
SOUTHERD DISTRICT OF FLORIDA  
ALLAHUDDIN

**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.

Dated AUGUST 20<sup>TH</sup>, 2018

London

SHAHADAT HOSSAIN

Typed or printed name of signee