L18000235769

(Requesto	r's Name)
(Address)	
(Address)	
(City/State	/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Document	t Number)
Certified CopiesC	Certificates of Status
Special Instructions to Filing C	Officer:

Office Use Only



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October 24, 2018

COGENCYGLOBAL

TALLAHASSEE, FL

SUBJECT: CENTURY FALLS LLC

Ref. Number: L18000235769

We have received your document for CENTURY FALLS LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Letter Number: 918A00021839

Tammi Cline Regulatory Specialist III

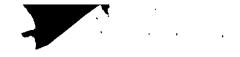
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	10/22/2018	
Name:	Marisa Kugelmann	
Reference	e #:1005654	
Entity Nar	me: CENT	URY FALLS LLC
☐ Art	icles of Incorporation/Authorizat	ion to Transact Business
✓ Am	nendment	
Ch.	ange of Agent	
☐ Re	instatement	
Co	nversion	
□ Ме	erger	
☐ Dis	ssolution/Withdrawal	
☐ Fic	titious Name	
Oth	ner	
	•	
Authorize	d Amount: \$25 - 00	
Signature	:marisady S)



COVER LETTER

TO: Registration Se Division of Cor			
•	FALLS LLC		
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	CARLOS E. MORALES		
		Name of Person	·
	PATZIK, FRANK & SAM	OTNY LTD.	
		Firm/Company	 _
	200 S. WACKER DRIVE,	SUITE 2700	
		Address	
	CHICAOG, IL 60606		
		City/State and Zip Code	
	cmorales@pfs-law.com F-mail address: ()	to be used for future annual report notif	ication)
For further information (concerning this matter, please ca		
Carlos E. Morales		312 551-3095 Area Code Daytime	
Name	of Person	Area Code Daytime	e 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

CENTURY FALLS LLC	
(Name of the Limited Liability Company as it now appr (A Florida Limited Liability Company	ears on our records.) y)
The Articles of Organization for this Limited Liability Company were filed on lorida document number L18000235769	10/04/2018 and assigned
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company	here:
CITRUS FALLS LLC	
he new name must be distinguishable and contain the words "Limited Liability Company," the	ne designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	. (3)
Principal office address MUST BE A STREET ADDRESS)	
	F C.
Enter new mailing address, if applicable:	<u> </u>
Malling address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here: Name of New Registered Agent:	on our records, enter the name of the
New Registered Office Address:	
Enter	Florida street address
	, Florids
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

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 = M AMBR = A	lanager uthorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
<u></u>			Add
			Remove
			□ Change
			DAdd
			Remove
			Change
			Remove
			Change
			Add
			Remove
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Mective date, if other than the date of filing: an effective date is listed, the date must be specific and cannote: If the date inserted in this block does not meet to occument's effective date on the Department of State's	ot be prior to date : he applicable sta	of filing or more than atutory filing requir	(optional) 90 days after filing.) Pur ements, this date will	rsuant to 605.020 not be listed a
e record specifies a delayed effective date, The 90th day after the record is filed.	, but not an e	effective time, a	ot 12:01 a.m. on	the earlier (
	18			
Dated October 22 20				
Dated	er or authorized n	epresentative of a me	mber	

Page 3 of 3

Filing Fee: \$25.00