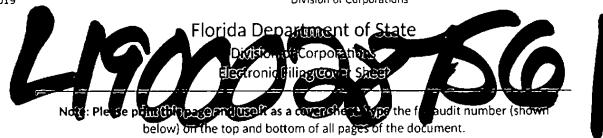
Division of Corporations



(((H19000365202 3)))



H190003652023ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name: REGISTERED AGENTS INC.

Account Number: 120090000081 Phone: (307)200-2803 Fax Number: (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SOUTH CITRUS MACHINE LLC

Certificate of Status	0
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Corporate Filing Menu

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## ARTICLES OF AMENDMENT TO BARTICLES: OF ORGANIZATION - ...

<u> 5</u>	0	F FILLED	
South Citrus Machine, LLC (Name of the Limited (A	Liability Compa	ny as it now appears on our records.) Liability Company)  Control Company	
The Articles of Organization for this Limited Liab Florida document number L19000287561	bility Company	were filed on 11/19/2019 SIGNE TAKE STATE AND SIGNE TAKE FLORIDA and assigned	
This amendment is submitted to amend the follow			
A. If amending name, enter the new name of t		ility company here:  lity Company," the designation "LLC" or the abbreviation "L.L.C."	
•		7901 4 STREET N	
Enter new principal offices address, if applical (Principal office address MUST BE A STREET		STE 300	
Trincipal office address MOST BEA STREET	ADDRESS)	ST PETERSBURG, FL 33702	
Enter new mailing address, if applicable:		7901 4 STREET N	
(Mailing address MAY BE A POST OFFICE BOX)		STE 300	
		ST PETERSBURG, FL 33702	
B. If amending the registered agent and/or registered agent and/or the new registered offi	ce address her		
Name of New Registered Agent:	REGISTE	RED AGENTS INC.	
New Registered Office Address:	ddress: 7901 4 STREET N SUITE 300		

## 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

Enter Florida street address

ST. PETERSBURG Florida 33702

City Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	MANLEY, JAMES R	7901 4 STREET N	Add
		STE 300	□ Remove
		ST PETERSBURG, FL 33702	☐ Change
			Add
			Remove
			Change
			☐ Remove
			Change
			☐ Remove
			Change
			🗆 Remove
			Change
			Remove
			Change

<u></u>	
	_
Effective date, if other than the date of filing:  If an effective date is listed, the date must be specific and cannot Note: If the date inserted in this block does not meet the document's effective date on the Department of State's in the date of the Department of State's in	(optional)  t be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 are applicable statutory filing requirements, this date will not be listed a records.
ne record specifies a delayed effective date, I The 90th day after the record is filed.	but not an effective time, at 12:01 a.m. on the earlier o
Dated DECEMBER 18 20	<u>019</u>
Rilux Park	er or authorized representative of a member
RII FY PARK	r or aumorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00