Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000359351 3)))



DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so

To:	
	Division of Corporations
	Fax Number : (850)617-6383
From:	· · · · · · · · · · · · · · · · · · ·
	Account Name : MACFARLANE FERGUSON & MCMULLEN
	Account Number : 876077001654 Phone : (813)273-4229
	Fax Number : (813)273-4396
	nter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address:
	in the second se
7 77 77 7	LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
	in the second se
##	LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
	LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CITADEL CAPITAL GROUP, LLC
	LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CITADEL CAPITAL GROUP, LLC Certificate of Status 0

Electronic Filing Menu

Corporate Filing Menu

Help

Y SULKER OCT 19 2020



October 16, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CITADEL CAPITAL GROUP, LLC 625 COURT ST., STE. 200 CLEARWATER, FL 33756

SUBJECT: CITADEL CAPITAL GROUP, LLC

REF: L20000202650

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P99000088182.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker Regulatory Specialist III FAX Aud. #: H20000359351 Letter Number: 920A00020486

...

.

;:

P.O BOX 6327 - Tallahasses, Florica 32314

(((H200003593513)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CITADEL CAPITAL GROUP, LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now an Lisbility Compa	ny) ny)	<u>ديل.</u>)
The Articles of Organization for this Limited Liability Company	were filed or	07/17/2020	and assigned
Florida document number L20000202650			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility compan	y here:	
OSPREY CAPITAL ADVISORS, LLC			
The new name must be distinguishable and comain the words "Limited Liabil	lity Company,"	the disignation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			77.4
, ,			=======================================
(Principal office address MUST BE A STREET ADDRESS)		 .,	
			974 - T
Enter new mailing address, if applicable:		•	7 ST 1 7 1 7 1 7 1 7 1 7 1 7 1 7 1 7 1 7 1
(Mailing address MAY BE A POST OFFICE BOX)			PH
[Multiple underess that BEA FOST OFFICE BOX)			3-1 70 (7
B. If amending the registered agent and/or registered office a	address on o	ur records, <u>ente</u> i	r the name of the new registered
agent and/or the new registered office address here:			
Name of New Registered Agent:	*		
New Projector & Office Addition			
New Registered Office Address:	Enter	Flugida street addus	A\$
	City		lorida
	•	• 4	hip cone
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performana provided for	e of my duties, a in Chapter 605,	md I am familiar with and F.S. Or, if this decument is
			·
If Char	nging Registere	d Ag at, 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

Title	<u>Name</u>	Address	Type of Action
AR	Thomas C. Nash, II	625 Court Street, Suito 200	≣Add ;;
		Clearwater, Florida 33756	
			Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			Change
			DAdd
			□Remove
			□ Change
			□Add
			□Remove
			Change
			□Remove
			Change

(((H200003593513)))

				····			
					····		
~_	 						
_							
_							
	-	· · · · · · · · · · · · · · · · · · ·					
			· · · · · · · · · · · · · · · · · · ·				
_							 .
					·		
_						····	
				 			
				- 			
-							
_				· 	· · · · · · · · · · · · · · · · · · ·		
							
Nective	date, il other ti	han the date of	fillog:			(optional)	
10151 11	ive date is listed, the the date inserted in a effective date o	II IIII2 MOEK IMG3	onoumeet the app	MICEOUS STUTUTORY	or more than 90 de filing requiremen	(optional) ya after Gling.) Pursu us, this date wili no	ant to 605.020 of be listed as
record s	pecifics a delayed		ul not an effectiv		.m. on the carlies	of: (b) The 90th	day after the
Λ.	nober 15		1	أأسر)		
ated			7	-{ //			
			7	V 34 4	,		
		Signature	e of a magnetic plane	Portare medical	yve of a member		 -

Filing Fee: \$25.00