

6/21/23, 2:59 PM

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet
L20000318712

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To:

Division of Corporations
 Fax Number : (850)617-6383

From:

Account Name : H & R TAX ADVISORS LLC
 Account Number : I20200000057
 Phone : (786)857-6652
 Fax Number : (786)204-3320

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

Email Address: jannett@hrtaxadvisors.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 FOUR BITCOINS INVESTMENTS LLC**

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Corporate Filing Menu

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COVER LETTER

(((H23000221855 3)))

TO: Registration Section
Division of Corporations

SUBJECT: FOUR BITCOINS INVESTMENTS 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:

JANNETT A RODRIGUEZ

Name of Person

H&R TAX ADVISORS LLC

Firm/Company

12741 SW 38TH TERRACE

Address

MIAMI, FL 33175

City/State and Zip Code

JANNETT@HRTAXADVISORS.COM

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

For further information concerning this matter, please call:

JANNETT A RODRIGUEZ

786 857-6252
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF AMENDMENT (((H23000221855 3)))
TO
ARTICLES OF ORGANIZATION
OF

FOUR BITCOINS INVESTMENTS 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 10/08/2020 and assigned
 Florida document number L20000318712.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

CITRUS OF THE VALLEY LLC

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:

NO CHANGE

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

NO CHANGE

(Mailing address MAY BE A POST OFFICE BOX)

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:

NO CHANGE

New Registered Office Address:

Enter Florida street address

City, Florida 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

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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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<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
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

NOT APPLICABLE

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated JUNE 21TH 2023

Signature of a member or authorized representative of a member

CONZALO MOLINA

Typed or printed name of signee

Filing Fee: \$25.00

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