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## **COVER LETTER**

TO:

Registration Section Division of Corporations

Citrus Land	I Works LLC			
SUBJECT.	Name of Lin	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Luke Whitehurst			
		Name of Person	<del></del>	
	Citrus Land Works LLC			
		Firm/Company	<del></del> _	
	248 N Robin Hood Rd			
	<del> </del>	Address		
	Inverness, Fl 34450			
	whitehurstluke@yahoo.con			
	E-mail address: (	to be used for future annual report noti	fication)	
For further information c	oncerning this matter, please c	all:		
Luke Whitehurst		352 476-5578		
Name o	f Person	at () Area Code Daytim	e Telephone Number	
Enclosed is a check for the	ne 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 Addres Registration 5		<u>Street Address:</u> Registration Se	ction	
Division of Corporations		Division of Cor	Division of Corporations	
P.O. Box 632		The Centre of T		
Tallahassee, l	rl 32314	Z415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Citrus Land Works LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) liability Company)	
he Articles of Organization for this Limited Liability Company	were filed on 10/12/2021	and assigned
lorida document number L21000445226		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabi	lity company here:	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or th	e abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	<del></del>	<del></del>
. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	ddress on our records, enter the n	ame of the new registe
Name of New Registered Agent:		
N. B. C. LOW ALL		1.5
New Registered Office Address:	Enter Florida street address	<u> </u>
		1
<del></del>	, Florida	7.75
	City	Zip Code
ew Registered Agent's Signature, if changing Registered Agent:		

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to Comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ecept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is eing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ompany has been notified in writing of this change.

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
MGR	Luke Whitehurst	248 N Robin Hood Rd Inverness, Fl 34450	■Add
			□Remove
			□Change
			□Add
			□Remove
		<del></del>	□Change
			🗆 Add
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			□ Change
		<del> </del>	□Add
			□Remove
			□Change

		tach additional sheets, if necessary.)
	~	
<del></del> -		
<del></del>		
Effective date, if other than the If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	block does not meet the applicable sta	(optional) of filing or more than 90 days after filing.) Pursuant to 605.020 attutory filing requirements, this date will not be listed a
ne record specifies a delayed effectord is filed.	tive date, but not an effective time, at	12:01 a.m. on the earlier of: (b) The 90th day after th
Dated October 28	2021	
4	Signature of a member or authorized re	

Elli II deno

Typed or printed name of signee