17865137810

From: Paloma Duarta



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

From:

Account Name	:	CONTADORUSA INC.
Account Number	:	120200000118
Phone	:	(305)260-6968
Fax Number	:	(786)513-7810

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

	SHAMROCK 6	01 LLC	_
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5223 DIVIO	Estimated Charge	\$25.00	

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Help

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHAMROCK 601 LLC	· · · · · · · · · · · · · · · · · · ·		
( <u>svame of the Lim</u>	(A Florida Limited Lin	as it now appears on our re bility Company)	ecords.)
The Articles of Organization for this Limited I Florida document number <u>L21000519737</u>	Liability Company w	ere filed on <u>12/8/2021</u>	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liabilit	ty company here:	
CITA CAPITAL 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 appli	cable:		
(Principal office address MUST BE A STREE	•		
			- 025
Enter new mailing address, if applicable:	_		<u> </u>
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	·	
	-		
<b>P</b>			
B. If amending the registered agent and registered agent and/or the new registered o	/or registered offic	e address on our reco	ords, enter the name of the ne
topatores generalison the new registeren of	nice auto ess nere.		<u>י</u> י ה
Name of New Registered Agent:	FL REGISTERED	AGENTS SERVICES LL	.c
New Registered Office Address:	15805 BSIACYNE	E BLVD STE 205	
		Enter Florida street ad	Idress
	AVENTURA		Florida <u>33160</u>
		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.

Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

((())))

To:

•

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 = AMBR =	Manager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			🖸 Add
			Remove
			Change
<u>-</u>			
			Remove
			Change
	<u> </u>		🗖 Add
			C Remove
			Change
			Q Add
		<del>-</del>	Remove
			Change
<u> </u>			O Add
			Change
			🗆 Add
			Remove
		<del></del>	Change



Page: 5 of 5	2025-01-08 17:47:17 GMT	17865137810
ending any other inform	nation, enter change(s) here: (Attach addit	ional sheets, if necessary,
······		
· · · · · · · · · · · · · · · · · · ·		
		<u> </u>

From: Paloma Duarte

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) <u>Note:</u> 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 DECEMBER 10 2024

oli<u>ana</u> Signature of a member or authorized representative of a member

POLIANA COELHO

Typed or printed name of signee

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