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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(20), 2000-4, 1000-1,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



COVER LETTER

TO: Registration Se Division of Cor			
() -	tur laderna	Silving	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Zoseph K	Name of Person	
	Citros L	instance Salutions	
		Firm/Company	
	509 M.	chingbord Ct.	2023 .
		ddress	
	1 110 Mas	1 21 37746	÷. 6
	Lalle Mar	City/State and Zip Code	
	Thoppel @	Pitcustanderaine So	Introns Conf
		to be used for future annual report notif	fication)
For further information c	oncerning this matter, please c	all:	
3.5cph Kn	/ Yaq	at (40) 951	3731
Name o	f Person		e Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	S30.00 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		Street Address:	
Registration S		Registration Sec	
Division of C P.O. Box 632		Division of Cor The Centre of T	
Tallahassee, I			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar (A Florida Limited I.	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company	7 2 2 2 2 2
Florida document number	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	6 L &
Enter new principal offices address, if applicable:	509 MERKINAPIED CT
(Principal office address MUST BE A STREET ADDRESS)	Lake Mary JFL 32746
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Lake Mary JFL 32746
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, enter the name of the new registered
50,0	McCHoabia Ct.
New Registered Office Address:	Enter Florida street address
Lake	Mary Florida 32746
New Registered Agent's Signature, if changing Registered Agent:	City \ Zip Code
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or if this document is

If Changing Registered Agent, 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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		235 Sunlight In 223	Remove
			Change
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If the date inserted in	an the date of filing:date must be specific and cannot this block does not meet in the Department of State	the applicable statu	filing or more t story tiling re	han 90 days after	onal) r filing.) Purs s date will t	uant to 605 101 be list
d specities a delayed led.	effective date, but not an e	effective time, at 12	2:01 a.m. on tl	he earlier of: (t) The 90th	h day afte
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