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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| TO: | Registration Se Division of Cor | | | | | | |
|----------------|------------------------------------|--|---|--|--|--|--|
| CITO IE | | T CREEK, LLC | | | | | |
| SUBJE | UI: | Name of Lim | ited Liability Company | | | | |
| The encl | losed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | | |
| Please re | eturn all correspo | ndence concerning this matter | to the following: | | | | |
| | | KRISTA M RIOS | | | | | |
| | | | Name of Person | | | | |
| | | | Firm/Company | | | | |
| | | 90 EDGEWATER DRIVE, APT 916 Address | | | | | |
| | | | | | | | |
| | | CORAL GABLES, FL 33133 | | | | | |
| | | WDICT-LUDIOCOCHAR | City/State and Zip Code | | | | |
| | | KRISTAMRIOS@GMAIL. E-mail address: (| to be used for future annual report notific | cation) | | | |
| For furth | ner information c | oncerning this matter, please c | all: | | | | |
| KRISTA | A M RIOS | | 305 301-5257 | • | | | |
| | Name o | f Person | Area Code Daytime | Telephone Number | | | |
| Enclosed | d is a check for th | 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 | | Street Address: Registration Sect | ion | | | |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Nome of the Limited Lightli | ity Company as it now appears on our records.) | |
|---|---|---------------------------------------|
| (A Florida | ity Company as it now appears on our records.) a Limited Liability Company) | |
| The Articles of Organization for this Limited Liability C | Company were filed on 08/2/2022 | and assigned |
| Florida document number L22000339664 | · | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lim | ited liability company here: | ••• |
| —— ·· · | | , |
| The new name must be distinguishable and contain the words "Lin | nited Liability Company," the designation "LLC" | or the abbreviation "L.L.C." |
| | | · ~· |
| Enter new principal offices address, if applicable: | D.C.G.) | • |
| Principal office address MUST BE A STREET ADDI | <u>(RESS)</u> | · · · · · · · · · · · · · · · · · · · |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| | | |
| B. If amending the registered agent and/or registere | d office address on our records, <u>enter th</u> | ie name of the new regist |
| agent and/or the new registered office address here: | | |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Flor | ida Zip Code |
| | City | 7.ip 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 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 |
|--------------|--------------------------|----------------------------|----------------|
| MGR | JORGE E RIOS | 1251 SOUTH ALHAMBRA CIRCLE | □Add |
| | | CORAL GABLES, FL 33146 | Remove |
| | | | □ Change |
| MGR | KIPAKIE INVESTMENTS, LLC | 1251 SOUTH ALHAMBRA CIRCLE | = Add |
| | | CORAL GABLES, FL 33146 | □Remove |
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| ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior tee: If the date inserted in this block does not meet the application unent's effective date on the Department of State's records. | to date of filing or more than 90 days after filing.) Pursuant to 605.02 |
| cord specifies a delayed effective date, but not an effective tins filed. | ne, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| ed NOVEMBER 15 2023 | |
| | , |

Typed or printed name of signee