L23000092239

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COVER LETTER

TO:	Registration Se Division of Cor		·	9 :
SUBJE	Citrus Roil	Offs LLC		•
SUBJE		Name of Lim	ited Liability Company	
The end	closed Articles of .	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Stephen Quinn		
			Name of Person	
		Citrus Roll Offs		
			Firm/Company	
		5781 S Luray Terr		
			Address	
		Inverness, Florida, 34452		
			City/State and Zip Code	
		CitrusRollOffs@gmail.com	to be used for future annual report notifi	anti-m)
For furt	her information co	oncerning this matter, please c	-	cation
JAM	E) T. SUDL	يدر	at (359 _) _212+3558	
	Name of			Telephone Number
Enclose	ed is a check for th	ne following amount:		
□ \$25	5.00 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		Street Address:	
	Registration S		Registration Sec	tion

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Company as it now app (A Florida Limited Liability Compan	ears on our records.) y)
The Articles of Organization for this Limited I Florida document number L23000092239	Liability Company were filed on	02/21/2023 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, <u>enter the new name o</u>	of the limited liability company	here:
The new name must be distinguishable and contain the	words "Limited Liability Company." th	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE.	ET ADDRESS)	7 2
Enter new mailing address, if applicable:		20 T
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	
B. If amending the registered agent and/or agent and/or the new registered office addressed and/or the new registered office addressed Agent:		r records, <u>enter the name of the new regis</u> i
	P.O. Box 1983	-
New Registered Office Address:		Florida street address
	Lecanto, Florida	, Florida ³⁴⁴⁶⁰
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Citrue Roll Offe

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

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	Michael Sanchez	5781 S luray Terr Inv. FL.	□Add
			ERemove
			□Change
MGR	Stephen Quinn	5781 Sluray Terr Inv. FL	□Add
			TRemove
		, 	DChange
MGR	EDWARD L HENDSICHSON III	P.O. BOX 1983	⊠Add
		LECANTO FC 344GO	□Remove
			□Change
MGR	CHAO A RIFFLE	P.O. BOX 1483	🗹 Add
		LECAWTO FL 34460	□Remove
			□Change
			□Add
			Remove
			□Change
		- 	□Add
			□Remove

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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f an effe <u>Note:</u>	ve date, if other than the date of filing:
record d is fil	I 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 ed.
Dated .	Signature of a member or authorized representative of a member
	On-1 San
	Signature of a member or authorized representative of a member
	Michael Sanchez Typed or printed name of signee

Filing Fee: \$25.00