	To: 18506176383	From:	14693173436	Date:	06/23/23	Time:	9:08	PM	Page:	01/04
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6/23/23, 4:04 PM	Division of Corporations			
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AH 8: 2 AH 8: 2 CORPORATION SEE. FLORID UP 00	Division of Corporations Fax Number : (850)617-6383 From: Account Name : LEGALINC CORPORATE SERVICES INC. Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754 Compared annual report mailings. Enter only one email address please.** Compared annual report mailings. Enter only one email address please.** Compared annual report mailings. Enter only one email address please.**			

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ARTICLES OF			·
*	OF '	: (((H230	00224909 3)))
CITRUS PARK PARTNERS, LLC			
(<u>Name of the Limited Liability Com</u> (A Florida Limite	<u>ipany as it now appea</u> ed Liability Company)	i <u>rs on our records.</u>)	
The Articles of Organization for this Limited Liability Compa Florida document number <u>123000274626</u>	ny were filed on <u>0</u>	5/06/2023	and assigned
This amendment is submitted to amend the following:			
	1.1174 8		
A. If amending name, <u>enter the new name of the limited li</u>	ability company h	<u>ere</u> :	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the	designation "LLC" or the	abbreviation "L L.C "
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	<u></u>	· · ·	28
Enter new mailing address, if applicable:			ୁନ୍ ମ ନା
(Mailing address MAY BE A POST OFFICE BON)			
<u>,</u>		· · · · · · · · · · · · · · · · · · ·	
			<u> </u>
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our i	records, <u>enter the n</u> a	•
Name of New Registered Agent:			
New Devictored Office Address			
New Registered Office Address:	Enter Flo	mida street address	
		, Florida _	

Сіл

Zıp 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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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. To: 18506176383 From: 14693173436 Date: 06/23/23 Time: 9:08 PM Page: 03/04

DocuSign Ervelope ID: 147AC582-B6B5-4C6A-8C2E-1E23F46178DB D amending Authorized renson(s) authorized to manage, <u>enter the title, name, and address of each person-being added</u> or removed from our records:

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MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	CP MANAGERS, LLC	2911 PUNTA PALMA CT	🗆 Add
		HOLIDAY, FL 34691 UN	₽Remove
			Change
AMBR	Michael Bitton	2911 Punta Palma CT	🗆 Add
		Holiday, FL 34691	ПКеточе
			Change
AMBR	Hector Gonzales	2911 Punta Palma CT	
		Holiday, FL 34691	Add JUN 25 PH
AMBR	Paul Kalt	2911 Punta Palma CT	
		Holiday, FL 34691	Remove
			[] Change
			Add
			Петоче
			Change
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			Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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(optional) E. Effective date, if other than the date of filing: _____ (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) Note: 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	6/22/2023		
		DocuBigner by.	
		Midrael Bitton	
		OD2190481420451 Signature of a member of authorized representative of a member	
		Michael Bitton	
		Typed or printed name of signee	

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Filing Fee: \$25.00