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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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SECRETARY OF STATE
SECRETARY SEE. FL

COVER LETTER

TO:

TO: Registration S Division of Co				
	BROKER, LLC			
SUBJECT:	Name of Lim	nited Liability Company		
777		s. i.e. er		
	Amendment and fee(s) are sub	-		
Please return all correspo	ondence concerning this matter	to the following:		
	Frank Joehl			
		Name of Person	.	-
	Citrus Creative Co. LLC			-3
		Firm/Company	···	SEC SEC
	2609 Forest Ridge Blvd #2	204		EB C
		Address	- ·	B 26 AM
	Hernando, Florida 34442			SEE SEE
	joehlfranke@gmail.com	City/State and Zip Code		2024 FEB 26 AM 9: 02 SECRETARY OF STATE STALL AND SEE, FL
	E-mail address: (to be used for future annual report notif	fication)	
For further information of	concerning this matter, please c	all:		
Frank Joehl		352 270-4453		
Name (of Person	Area Code Daytime	e Telephone Number	•
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
Mailing Address Registration Division of C P.O. Box 633 Tallahassee.	Section Forporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroo Tallahassee, FL	porations fallahassee e Street, Suite 8	10

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

pany as it now appears on our record d Liability Company)	<u>s.</u>)
ny were filed on 08/03/2023	and assigned
ability company here:	
bility Company," the designation "LLC	" or the abbreviation "L.L.C."
	SECRET STANLE
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	ert 10
e address on our records, <u>enter</u>	the name of the new register
-	
Enter Florida street address	<u> </u>
ting) i toi ma sireet taan est	,
	orida = Zip Code
	ability Company) ability company here: ability Company," the designation "LLC" bility Company," the designation "LLC" Enter Florida street address.

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

Thereby 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.

Ciiv

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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
		SECRET TALLE	Change
		MALLAHASSEE, FL	Change Change Change Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 02/21/2024 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) 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. February 21 2024 Dated

Typed or printed name of signee

RANK JÖSEPH JOEHL