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(R	(equestor's Name)	
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## **COVER LETTER**

TO:

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etmi	rzege.	CITRUS DI	ETAILING-LAB LLC	
SUBJE	.CI:	Name of Lin	nited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please i	return all correspo	ondence concerning this matter	to the following:	
			ALBINA IALALOVA	
	Registration Section Division of Corporations  CITRUS DETAILING-LAB LLC  Name of Limited Liability Company  return all correspondence concerning this matter to the following:  ALBINA IALALOVA  Name of Person  1 LOVE ACCOUNTING LLC  Firm/Company  1445 DOLGNER PL, STE 13  Address  SANFORD, FL 32771  City/State and Zip Code albinaistalova@gmail.com  E-mail address: (to be used for future annual report notification)  ther information concerning this matter, please call:  ALBINA IALALOVA  Name of Person  407 473-1323  Area Code  Daytime Telephone Number  ed is a check for the following amount:  5.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  Mailing Address:  Registration Section Division of Corporations P.O. Box 6327  The Centre of Tallabassee 2415 N. Monroe Street, Suite 810			
		l	LOVE ACCOUNTING LLC	for filing.  following:  filina IALALOVA  Name of Person  ACCOUNTING LLC  Firm/Company  DLGNER PL, STE 13  Address  FORD, FL 32771  State and Zip Code alalova@gmail.com ed for future annual report notification)  at (
			Firm/Company	
		1	445 DOLGNER PL, STE 13	
		······································	Address	
			SANFORD, FL 32771	
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	<del></del>
			<del>*</del> =	
			•	tification)
For furt	her information c	oncerning this matter, please c	all:	
	ALBINA I	ALALOVA		
	Name o	f Person		ne Telephone Number
Enclose	d is a check for th	ne following amount:		
<b>■</b> \$25	.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	Registration 5 Division of C P.O. Box 632	Section orporations 7	Registration Se Division of Co The Centre of 2415 N. Monro	rporations Fallahassee pe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CITRUS DE	TAILING-LAB LLC	
( <u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	···
The Articles of Organization for this Limited Liability Compa	iny were filed on 01/03/2024	and assigned
lorida document number L24000009922		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited li	ability company here:	
he new name must be distinguishable and contain the words "Limited Li-	ability Company," the designation "LLC" or	the abbreviation," L.C."
inter new principal offices address, if applicable:		24 0 SEC!
Principal office address MUST BE A STREET ADDRESS)		CT P
		29 E
		P. P.
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<b>元</b> 元 <b>5</b>
. If amending the registered agent and/or registered officeent and/or the new registered office address here:	e address on our records, <u>enter the</u>	name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	a
<del></del> _	City	Ziv 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>	Name	Address	Type of Action
AMBR	ARTEM KHOMENKO	416 Sw 1st Avenue, apt 1108	
		Fort Lauderdale, 33301, FL	
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			🗀 Add
			□Remove
			□Change
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fective date, if other than the date in effective date is listed, the date must be the interest of the date inserted in this block cument's effective date on the Department.	t does not meet the applical	o date of filing or more than ole statutory filing require	(optional) 00 days after filing.) Pursuant to 60 ements, this date will not be lis	5.020 ted as
rcord specifies a delayed effective d s filed.	ate, but not an effective tim	ie, at 12:01 a.m. on the ea	trlier of: (b) The 90th day afte	er the
ed October 24	2024			
	Allu			
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Filing Fee: \$25.00