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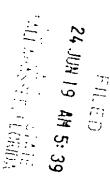
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COVER LETTER

Tallahassee, FL 32314

	Registration Se Division of Cor					
CHBIRG		REAMS NINE. LLC				
SUBJEC	:I:	Name of Limi	ted Liability Company			
The enclo	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please re	turn all correspo	ondence concerning this matter	to the following:			
		DAVID A. LUCZAK				
			Name of Person			
		DAVID A. LUCZAK ATT	ORNEY AT LAW, PA			
			Firm/Company			
		3233 EAST BAY DRIVE,	SUITE 103			
			Address			
		LARGO, FL 33771-1900				
		City/State and Zip Code				
		DAVIDLUCZAK@TAMPA				
		E-mail address: (t	o be used for future annual repo	ort notification)		
For furth	er information c	oncerning this matter, please ca	ill:			
DAVID	A. LUCZAK		727 531-89	989		
	Name o	f Person	at () Area Code	Paytime Telephone Number		
Enclosed	is a check for th	he following amount:				
	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Addres Registration 5	Section	Street Addre Registratio	n Section		
	Division of C P.O. Box 632	•		f Corporations c of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CITRUS DREAMS NINE, LLC				_	
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears o uted Liability Company)	n our records.)			
The Articles of Organization for this Limited Liability Comp. Florida document number <u>L24000089881</u>	oany were filed on FEBE	RUARY 20, 2024	and	assign	ed
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	liability company here	:			
The new name must be distinguishable and contain the words "Limited	Liability Company," the design	gnation "LLC" or the abl	breviation	"L.L.C	•
Enter new principal offices address, if applicable:	<u></u>				
Principal office address MUST BE A STREET ADDRESS	<u> </u>		<u>:</u> :::::::::::::::::::::::::::::::::::	2/	
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Enter new mailing address, if applicable:			*	Ī	
Mailing address MAY BE A POST OFFICE BOX)			<u></u>	<u> </u>	
			<u> </u>	_ _	
			3	9	
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our reco	ords, <u>enter the nam</u>	e of the	new r	egister
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida	street address			
		, Florida			
	City		Zip Co	de	

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 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>	Name	Address	Type of Action
AMBR	JAIME ANNEXY	1900 SANDRA DRIVE	= Add
		CLEARWATER, FL 33764	□ Remove
			Change
MGR	JSA LEGACY MANAGEMENT, LLC	1900 SANDRA DRIVE	
		CLEARWATER, FL 33764	
			□ Change
MGR —	JAIME ANNEXY	1900 SANDRA DRIVE	
		CLEARWATER, FL 33764	■Remove
			Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			Remove
			Change
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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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records. The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th dard is filed.	
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	to 605.0207 be listed as
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rated JUNE 12 2024	
Signature of a member or authorized representative of a member	_
DAVID A. LUCZAK, ATTORNEY	

Filing Fee: \$25.00