

L24000141313

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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JUL 28 2024

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2024 JUL 22 11:10:57

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CITADEL PROPERTY LIMITED LIABILITY COMPANY**

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kevin Correa, Esq.

\_\_\_\_\_  
Name of Person

KEVIN CORREA PA

\_\_\_\_\_  
Firm/Company

1805 Ponce De Leon Boulevard Suite 300

\_\_\_\_\_  
Address

Coral Gables, Florida 33134

\_\_\_\_\_  
City/State and Zip Code

kevin@kctitleagency.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kevin Correa

305

429-6984

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2001-01-22 10:07

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_, Florida

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*Zip Code*

**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>                              | <u>Address</u>   | <u>Type of Action</u>                      |
|--------------|--|--|--|
| AP           | KEVIN CORREA PA                          | 1805 PONCE DE LEON BOULEVARD SUITE 300<br>CORAL GABLES, FL 33134   | <input type="checkbox"/> Add               |
|              |  |  | <input checked="" type="checkbox"/> Remove |
|              |  |  | <input type="checkbox"/> Change            |
| MGR          | DWIGEN CORPORATION, AN EINVO CORPORATION | 11 SKISS WATERFRONT PLAZA SUITE 550 MAIN STREET CHARLOTTE NC 28203 | <input checked="" type="checkbox"/> Add    |
|              |  |  | <input type="checkbox"/> Remove            |
|              |  |  | <input type="checkbox"/> Change            |
|              |  |  | <input type="checkbox"/> Add               |
|              |  |  | <input type="checkbox"/> Remove            |
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|              |  |  | <input type="checkbox"/> Remove            |
|              |  |  | <input type="checkbox"/> Change            |

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)

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.

Typed or printed name of signee

**Filing Fee: \$25.00**