

## 240001411326

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## **COVER LETTER**

		istration Sect sion of Corpo						
SURJEC	η.	CITADEL E	TY COMPANY					
50000	- • · .		nited Liability Company					
The encle	iosed	Articles of A	mendment and fee(s) are sub	bmitted for filing.				
Please re	turn	all correspond	dence concerning this matter	r to the following:				
			KEVIN CORREA					
	Name of Person							
	KEVIN CORREA PA							
				Firm/Company				
	1805 Ponce De Leon Boulevard Suite 300							
	Address							
	Coral Gables FL 33145 United States							
				City/State and Zip Code				
			KEVIN@ KCTITLEAGENCY.COM					
				(to be used for future annual report notification)				
For furth	ner in	formation cor	neerning this matter, please of	call:				
Kevin C	lorrea	ì		305 429-6984 at ()				
		Name of I	Person	at ()				
Enclosed	d is a	check for the	following amount:					
<b>■</b> \$25.	.00 F	iling Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee.  Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee.  Certificate of Status & Certified Copy (additional copy is enclosed)				
	Reg Div P.O	ling/Address jistration S ision of Co Bøx 6327 Jahassee, F	ection rporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## CITADEL ESTATE LIMITED LIABILITY COMPANY

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

(A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 03/22/2024 and assigned
Florida document number 1.24000141326	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility 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)	2024 JUN
	19
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter the name of the new registered
New Registered Office Address:	
	Enter Florida street address
	Florida
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	provided for in Chapter 605, F.S. Or, if this document is
If Ch:	inging 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>	Type of Action
AP	KEVIN CORREA PA	1805 PONCE DE LEON BLVD 300	□Add
		CORAL GABLES, FL 33134	<b>≡</b> Remove
			□Change
MGR	PRESTIGE PROPERTY LTD	HUNKINS WATERFRONT PLAZA	<b>=</b> Add
		SUTTE 556	□Remove
		MAIN STREET, CHARLESTOWN, NEVIS	□Change
	<del></del>		
			□Remove
			□Change
			□Add
			□Remove
		<del>.</del>	□ Change
			□Add
			□Remove
			□Change
			DAdd
			□Remove
			□Change

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<del></del>
	<u> </u>
Note:	tive date, if other than the date of filing:
If the reco record is f	ord 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 filed.
Dated	June 14 2024
	Signature of a member or authorized representative of a member
	KEVIN CORREA, ESQ.

Filing Fee: \$25.00

Typed or printed name of signee