1220000309098

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100400349921 LCC N/C Anerol

01/18/23--01003--002 **25.00



A. RAMSEY MAR 20 2023

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: 4//	1914 HAM G TH Name of Lim	CICKLLC ited Lyability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	•
Please return all correspo	indence concerning this matter	to the following:	·
	John	MPRTINI // Name of Person	Ngr_
		Firm/Company	
	8855 Co	MINS AVE 12	<u> </u>
	Sarfsid	City/State and Zip Code	<u> </u>
		to be used for future annual report notif	il, Com
For further information c	oncerning this matter, please ca	all:	
John Name o	MANTINI Person	at (305) <u>930</u> Area Code Daytime	~ 9042 Telephone Number
Enclosed is a check for the	ne 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

FILED

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

2023 JAN 18 PM 1: 09

SECRETARY OF STATE

(Name of the Limited Liability Compar (A Florida Limited E	Circle, LLC
(Name of the Limited Liability Compar (A Florida Limited E	and as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2000369</u> 098	were filed on <u>Augilis 12920</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	pility company here:
The new name must be distinguishable and contain the words "Limited Liabili	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)	×/p
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered office as gent and/or the new registered office address here:	address on our records, enter the name of the new registere
Name of New Registered Agent:	N/A
New Registered Office Address:	Enter Florida street address
,	, Florida
	City Zip Code
lew 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>	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			Remove
			□Change
			□Remove
			□Change
			□Add
			□ Remove
			Change
			□Add
			□Remove
			□Change

This form submitted To reverse Alicles of Minendment for AN Change Filedon August 29,2022 Milhidocument Number 12500030	ם הנומ
Change Filedon August 29,2022 Millidociument Number L2600030	9098
LINAGE FILEDON HAGUST 29,2022 MITALDOCUMENT NUMBER LZ 500030	9098
MITHIDOCUMENT NUMBER LZ 500030	9098
	
	
	_
	
,	
ive date, if other than the date of filing: (optional)	
fective date is listed, the date must be specific and cannot be prior to date of filing of more than 90 days after filing.) Put If the date inserted in this block does not meet the applicable statutory filing requirements, this date will	insuant to 605 02 I not be listed
nent's effective date on the Department of State's records.	
rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90 led.	9th day after th
01/10/23	
John Myating	
Signature of a member or authorized refiresentative of a member	

Filing Fee: \$25.00