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1. Shivers MH. O. S. NILLS

COVER LETTER

Division of Corp	porations	_			
SUBJECT:		CIECLE REALTY, UZ			
	Name of Limit	ted Liability Company			
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
	EAIL	J. Wrddell Name of Person			
	ELITE	CIRCLE Realty, UC			
		Firm/Company			
	1420	CIRCLE Realty, UC Firm/Company Delebration Blud, 5 Address hum, Fl 34747 City/State and Zip Code	wife 300		
		Address			
	Color	bushon, FL 34747	(a		
		City/State and Zip Code	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	-ε Ε 3	
	ERIC@1	EUTE CIRCLE ACAING COM o be used for future annual report notifical			
	E-mail address: (t	o be used for future annual report notifical	tion)		CHARLE
For further information co	oncerning this matter, please co	all:	Š	25 Ct	5
Exic Wadde	d	at (<u>3U) 559-1/07</u> Area Code & Daytime T			Euras Lada
Name of	Person	Area Code & Daytime T	elephone Number	A A	-
			Š	•	
Enclosed is a check for the	e following amount:				
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□S60.00 Filing I Certificate of Certified Cop (additional co	f Status & py	ed)

MAILING ADDRESS:

Registration Section

TO:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELITE	Circle Realty, C	UC	
(Name of the Limited Liabilit			
The Articles of Organization for this Limited Liability (Company were filed on	5/20/2013	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company her	<u>re</u> :	
The new name must be distinguishable and end with the wo	ords "Limited Liability Compa	nny," the designation "LLC	C" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)	Y. A	<u> </u>
Enter new mailing address, if applicable:		LAHASSE	CRETARY
(Mailing address MAY BE A POST OFFICE BOX)		Li Li	유로 기기
		LORIOA	
B. If amending the registered agent and/or registered agent and/or the new registered office ado		our records, <u>enter the</u>	name of the new
Name of New Registered Agent:			
New Registered Office Address:	En	ter Florida street addre	ss
		. Florida	
	City	, 2 101 1000	Zip 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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGKMI - I	wianaging wiember		
<u>Title</u>	Name	Address	Type of Action
MÇL	MORCHIME X, BECKER	GOO COMA BUNITA DAVE AMENDORT, FLIMOR 33837	Add
		AMENPORT, FUNION 33837	Remove
			_
			Add
			Remove
		TAL	−
		بعثلم	~ C 11
		HASSEE, FLORIDA	Add
		<u> </u>	Add Add
			Remove
			- П
			_
			Add
			Remove

famend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
. •	
	#
ì	2/3/2013
	<u></u>
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member
	EAR I. WADDLES
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE