L13000074893

| (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. |
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| |

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VISIUR OF CURPURATIONS

JUL 1 2 2013

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

CIRCLES OF DEFENSE LLC

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:

DIANA RAMIREZ

Name of Person

TAX DOORS, LLC

Firm/Company

8201 PETERS RD STE 1000

Address

PLANTATION, FL 33324

City/State and Zip Code

DR@TAXDOORS.COM

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

For further information concerning this matter, please call:

DIANA RAMIREZ

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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CIRCLES OF DEFENSE, LLC

(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 visiting document number L13000076893 | | and assigned | |
|---|-------------------------------|--|--|
| Morida document number | | SECRETA IVISION OF | |
| This amendment is submitted to amend the following: | | OF TAR | |
| _ | Da B | 2 20 E | |
| A. If amending name, enter the new name of the limited liabil | <u>lity company here</u> : | ORA ORA | |
| The new name must be distinguishable and end with the words "Limite | and Linkillan Commonner 2 Ab. | deciencian "I I C" on the Observation | |
| "L.L.C." | ed Liability Company, the | e designation LLC or the aborey, another | |
| Enter new principal offices address, if applicable: | 757 SE 17TH S | TREET STE 713 | |
| (Principal office address MUST BE A STREET ADDRESS) | FORT LAUDER | DALE, FL 33316 | |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | | TREET STE 713 | |
| (Mailing address MAY BE A POST OFFICE BOX) | FORT LAUDER | DALE, FL 33316 | |
| | | | |
| B. If amending the registered agent and/or registered off | ice address an our read | pards anter the name of the new | |
| registered agent and/or the new registered office address here | | cords, enter the name or the new | |
| | | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Florida street address | | |
| | | _, Florida | |
| | City | 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Title</u> Type of Action Name Address Remove Remove Add Remove Remove Remove

| D. If am | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|----------|---|
| | |
| | |
| | |
| | |
| Dated | |
| | Signature of a member of authorized representative of a member |
| | Karına Matusin |
| | Typed or printed name of signer |

Filing Fee: \$25.00

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