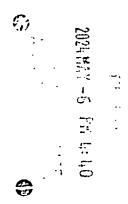


(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





05/06/24--01023--004 **25.00



COVER LETTER

• •	istration Sectision of Corpo						
CHBIECT.	CirCon LLC						
SUBJECT	Name of Limited Liability Company						
The enclosed	Articles of A	mendment and fee(s) are sub-	mitted for filing.				
Please return	all correspond	dence concerning this matter	to the following:				
		A Richard Ciriello III					
			Name of Person				
		Cir Con LLC					
			Firm/Company				
		902 NE 1st Street					
		- , 	Address		_ 		
		Pompano Beach FL 33060					
			City/State and Zip Co	ode			
		Richardciriello3@gmail.com					
	<i>f</i>		to be used for future and	ual report notific	cation)		
For further ii	ntormation co	ncerning this matter, please c					
A Richard C	iriello III		954 at ()	691-5377	Telephone Number		
	Name of	Person	Area Code	Daytime '	Telephone Number		
Enclosed is a	a check for the	e following amount:					
■ \$25.00 F	filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	C \$55,00 Filing F. Certified Copy (additional copy i	y	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	iling Address			et Address:	·		
Registration Section Division of Corporations			Registration Section Division of Corporations				
P.O. Box 6327			The	The Centre of Tallahassee			
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A Richard Ciriello III LLC		
(Name of the Limited Liability Comp (A Florida Limited	any ay it now appears on our record Liability Company)	<u>ls.</u>)
The Articles of Organization for this Limited Liability Company Florida document number L13000099673	y were filed on 07/15/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Cir Con LLC		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Cir Con LLC	
Principal office address MUST BE A STREET ADDRESS)	902 NE 1st Street Suite 6	
	Pompano Beach FL 33060	
Enter new mailing address, if applicable:	Cit Con LLC	202
(Mailing address MAY BE A POST OFFICE BOX)	PO Box 10393	
	Pompano Beach FL 33061	: -<
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	r the name of the new regis
Name of New Registered Agent: N/A		
New Registered Office Address:	Enter Florida street address	
		lorida
	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 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 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>	Name	Address	Type of Action
MGR	Trenner Tompkins II	902 NE 1st Street Pompano Beach FL 33060	≡ ∧dd
			□Remove
			□Change
			🗆 Add
			□Remove
			[]Change
			🗆 Add
			□Remove
			Change
			🗆 Add
			🗆 Remove
			∐Add
			□Remove
			□ Change
			□Add
			Remove
			□Change

Effec	tive date, if other than the date of filing:
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
docur	nent's effective date on the Department of State's records.
e reco rd is f	rd 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.
Date	Horin 29 2024 Hacmo
Date	
	HRC MID
	Signature of a member or authorized representative of a member
	A Richard Ciriello III