

L14000028498

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

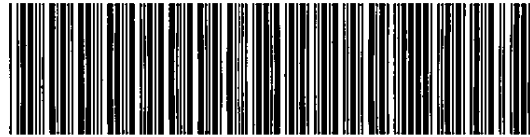
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400266579124

11/21/14--01037--021 **25.00

FILED
14 NOV 21 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

G. HARVEY
DEC 04
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CIRCLE CONSULTANTS

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:

DIANNA WU

Name of Person

CIRCLE CONSULTANTS

Firm/Company

25251 LUCI DRIVE

Address

BONITA SPRINGS FL 34135

City/State and Zip Code

CIRCLECONSULTANTS@GMX.COM

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

For further information concerning this matter, please call:

CARIE ROMANIUK

Name of Person

at

239

Area Code

961 6215

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
14 NOV 21 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

CIRCLE CONSULTANTS

(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 2/20/2014 and assigned
Florida document number L14000028498

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability 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)

25251 LUCI DRIVE
BONITA SPRINGS FL
34135

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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 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

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	CARIE ROMANUK	9904 SPRINGLAKE CIR	<input checked="" type="checkbox"/> Add
MGR	DIANNA WU	25251 LUCI DRIVE	<input checked="" type="checkbox"/> Add
		BONITA SPRINGS FL	<input type="checkbox"/> Remove
		34135	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

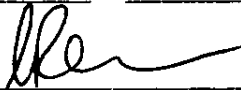
FILED
NOV 1 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Attest: _____

_____, if other than the date of filing: _____ (optional)

(date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after document is filed by the Florida Department of State)

Dated 11/19/2014



Signature of a member or authorized representative of a member

CARIE ROMANIUK

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
14 NOV 21 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA