L14000190277

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	> #)
PICK-UP	☐ WAIT	MAIL
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BIVISION OF CO. ACCOUNT

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APR -1 2015

1/0

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 3230: Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 570255 7988470

AUTHORIZATION

COST LIMIT : 1\$1 25,00

ORDER DATE: March 31, 2015

ORDER TIME : 9:22 AM

ORDER NO. : 570255-005

CUSTOMER NO: 7988470

DOMESTIC AMENDMENT FILING

NAME: MJIK INVESTORS 7, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS:

COVER LETTER

TO:

Registration Section

Division of Corp	porations		
MJIK IN	VESTORS 7 LLC TO	NEW CIRCLE ENTERPRIS	SES, LLC
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	MARSHALL IVES		
		Name of Person	
	NEW CIRCLE ENTE	ERPRISES, LLC	
		Firm/Company	4 1
	9215 SW 144 STRE	ET	
		Address	
	MIAMI, FL 33176		
		City/State and Zip Code	<u>.</u> :
	MIVES613@YAHOO	O.COM	1
	E-mail address: (1	to be used for future annual report notific	cation)
For further information co	ncerning this matter, please ca	all;	
MARSHALL IVES		305 233-7721	; ;
Name of	Person	Area Code Daytime	Telephone Number
			i
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)
Registra Division	NG ADDRESS: tion Section of Corporations	STREET/COURIE Registration Section Division of Corporat	
P.O. Boz Tallahas	sec, FL 32314	Clifton Building 2661 Executive Cent Tallahassee, FL 3230	1

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

15 MAR 31 PM 12: 20

MJIK INVESTORS 7, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A F	lorida Limited Liability Company)	RIDA
The Articles of Organization for this Limited Liabil	ity Company were filed on December 15, 2014	and assigned
Florida document number L14000190277	·	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	limited liability company here:	
NEW CIRCLE ENTERPRISES, LLC		
The new name must be distinguishable and end with the word	s "Limited Liability Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET A	DDRESS)	
	1	
Enter new mailing address, if applicable:	,	
(Mailing address MAY BE A POST OFFICE BOX	n !	
mand and essential beautiful of the second	· · · · · · · · · · · · · · · · · · ·	
		·
B. If amending the registered agent and/or r	registered office address on our records, enter t	he name of the new
registered agent and/or the new registered office	address here:	
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	, Florida	
_	City	Zip Code
New Registered Agent's Signature, if changing Regis	stered Agent:	
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper a accept the obligations of my position as registere	ent and agree to act in this capacity. I further agree nd complete performance of my duties, and I am fa ed agent as provided for in Chapter 605, F.S. Or, i stered office address, I hereby confirm that the lim	miliar with and f this document is

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

AMBR = A	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			D Add
			☐ Remove
	:		
			□ Remove
			□ Add
			☐ Remove
			□ Add
			□ Remove
			☐ Remove
		<u></u>	□ Add
			□ Remove

If amending any other information, enter change(s) here: (Attach ad	ditional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
t	
Effective date, if other than the date of filing:	(optional)
The effective date must be specific, cannot be prior to date of receipt or filed date and can the date this document is filed by the Florida Department of State)	
Dated MARCH 30 2015	·
(Mul XVV	
Signature of a member of authorized representa	ative of a member
MARSHALL IVES, MANAGER	•
Typed or printed name of signe	ee :

Page 3 of 3

Filing Fee: \$25.00