LIUCIO (92 981

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ddress)	
(Cil	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:]
		}

Office Use Only



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OCT 28 2020

COVER LETTER

TO: Registration So Division of Co			
	ENCY CIRCLE LLC		
SUBJECT:	Name of Lin	ited Liability Company	
	Amendment and fee(s) are sub		
	MELANIE PROJANSKY		
		Name of Person	
		Firm/Company	
	16542 FLEUR DE LIS W		
	DELRAY BEACH, FL 33	Address	
	melaniestevens 13@gmail.c	City/State and Zip Code	
		to be used for future annual report notif	lication)
For further information of	concerning this matter, please c	alt;	
MELANIE PROJANSK	Y STEVENS-FRANKEL	754 224-0342 au ()	
Name (of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for t	he 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Ft. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

5798 REGENCY CIRCLE LLC	ny as it now appears on our records.)	`
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) tability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.14000192981}{1.14000192981}$	were filed on 12/16/2014 and ass	igned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.	IC."
Enter new principal offices address, if applicable:	16542 FLEUR DE LIS WAY	
(Principal office address MUST BE A STREET ADDRESS	DELRAY BEACH, FL 33446	
Enter new mailing address, if applicable:	16542 FLEUR DE LIS WAY	
(Mailing address MAY BE A POST OFFICE BOX)	DELRAY BEACH, FL 33446	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new	v registere
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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address (320 St. 22 Pt. 6: 22	Type of Action
MGR	MELANIE STEVENS-FRANKEI.	16542 FLEUR DE LIS WAY	≣∧dd
		DELRAY BEACH, FL 33446	□Remove
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	(optional) rior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 blicable statutory filing requirements, this date will not be listed as the rds.
ord is filed.	e time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated Aug - 18th . 202	
	TT 1

Typed or printed name of signee