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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Ciling Officer:	
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AUG 0 9 2016 S. YOUNG

COVER LETTER

TO: Registration Se Division of Col				
SUBJECT:	Ciclo 3, Ll	_C		
	Name of Lim	ited Liability Company		
	Amendment and fee(s) are sub-	-		
Please return all correspo	ondence concerning this matter	to the following:		
	Michelle Bennett			
		Name of Person	·····	₹ c.
-	Ciclo Management		 	
		Firm/Company		5 号型 2008年
	2828 S Tamiami Trail	Suite A10		STORETARY OF SORIUM ALLANASSEE, FLORIUM
		Address		PH 12: Li
	Sarasota, FL 34239			
	michelle@ciclo11.com	City/State and Zip Code		
	-	to be used for future annual report notific	cation)	
For further information c	concerning this matter, please ca	all:		
Michelle Bennett		941 961-0758		
Name o	f Person	at ()	Telephone Number	
Enclosed is a check for the	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 enclose	

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 ARTICLES OF ORGANIZATION **OF**

Ciclo 3, l	LC	
(Name of the Limited Liability Comps (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on <u>5/26/15</u>	and assigned
Florida document number L 15 0000 9 2 1 6 b.		
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 Liabi	Litte Commun. " the designation #11 C" or the	an abbreviation "L.I.C."
The new name must be distinguishable and contain the words "Limited Liabi		ie appreviation L.E.C.,
Enter new principal offices address, if applicable:	2828 S Tamiami Trail	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	Sarasota, FL 34239	5 33
		क ज़िल्ह
		
Enter new mailing address, if applicable:	2828 S Tamiami Trail	No. Contraction
(Mailing address MAY BE A POST OFFICE BOX)	Sarasota, FL 34239	- C.ni
B. If amending the registered agent and/or registered of		ter the name of the new
registered agent and/or the new registered office address her	<u>e</u> :	
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 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

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
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			☐ Remove
			Change
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fective an effective ote:	date, if other than we date is listed, the date the date inserted in th	the date of fili must be specific a is block does no	ing: and cannot be pri t meet the appl	or to date of filin	g or more than 90	(optional) days after filing) 2.) Pursuant to 605.02 2. will not be listed
	s effective date on th				• .		
	i specifies a dela th day after the			ot an effect	ive time, at	12:01 a.m.	on the earlier
ited	13,	Ans a	, 2016	·			
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		Signature of	a member or au	horized represen	tative of a mem	er	

Page 3 of 3

Filing Fee: \$25.00