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N. Culligan JUL 29 2015

* COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CIFCLE T FAIMS LLC 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:
Kristin Koreen Brennan Name of Person
Circle T Farms LLC Firm/Company
1379 Hibiscus St Address
Clearwater, FL 33755 City/State and Zip Code [Coreen brennan @ q mayl. com E-mail address: (to be used for future amount report notification)
E-mail address: (to be used for future africal report notification)
For further information concerning this matter, please call:
Krishn K Brennan at (121) 424-3329 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$\$ 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED**
2015 JUL 28 PM 12: 49

Circle T Fa	VMS LLC TALL AHASSEL, FEERIDA
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L 15 600123</u> .5	any were filed on $\frac{7/20/2015}{68}$ and assigned
This amendment is submitted to amend the following:	·
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and contain the words "Limited Lie	ability 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)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, enter the name of the new
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

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>	<u>Name</u>	<u>Address</u>		Type of Action
MGR	- Kristin Kore	een Brennan	1379 Hibriscus	SFAdd
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(egal name of M		ne address)	Change
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