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(Address)

(City/State/Zip/Phone #)

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Cirque Revolution 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:

Andrea Guerrero

\_\_\_\_\_  
Name of Person

Cirque Revolution LLC

\_\_\_\_\_  
Firm/Company

14550 Ocean Bluff Dr.

\_\_\_\_\_  
Address

Fort Myers, FL. 33908

\_\_\_\_\_  
City/State and Zip Code

cirquerevolution@gmail.com

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

For further information concerning this matter, please call:

Andrea Guerrero

239 224-9838  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

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)

**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

## Page 1 of 3

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>	<u>Type of Action</u>
AMBR	Andrea McCain	4640 B McGregor Blvd.	<input type="checkbox"/> Add
		Fort Myers, FL. 33901	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Angelina Guarisco	1359 Bradford Rd.	<input type="checkbox"/> Add
		Fort Myers, FL. 33901	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Christar Damiano	3560 Edgewood Ave.	<input type="checkbox"/> Add
		Fort Myers, FL. 33916	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Carolyn Schultz	11621 Giulia Dr	<input type="checkbox"/> Add
		Fort Myers, FL. 33913	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR		1025 SE 43rd Terr.	<input type="checkbox"/> Add
		Cape Coral, FL. 33904	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

[illegible]

**E. Effective date, if other than the date of filing:** 07/29/2015 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:**

(b) The 90th day after the record is filed.

Dated July, 29th, 2015

Signature of a member or authorized representative of a member

Andrea Guerrero

Typed or printed name of signee