# LIS000129808

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### **COVER LETTER**

Div	ision of Cor	porations		
SUBJECT:	Cirque Reve	olution LLC		
JOIN LOI.		Name of Lim	ited Liability Company	<del></del>
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Andrea Guerrero		
		***************************************	Name of Person	
		Cirque Revolution LLC		
			Firm/Company	
		14550 Ocean Bluff Dr.		
		<del></del>	Address	
		Fort Myers, FL. 33908		
City/State and Zip Code				
		cirquerevolution@gmail.com	m to be used for future annual report notif	igntion
For further is	nformation co	oncerning this matter, please ca	•	ication
Andrea Gue	rrero		239 224-9838 at ()	
	Name of	Person	Area Code Daytime	: Telephone Number
Enclosed is	a check for th	ne following amount:		
□ \$25.00 H		■ \$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:

TO:

Registration Section

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**

mpany as it now appears on our records.) ted Liability Company)	
any were filed on 07/29/2015 and assigned	
liability company here:	
Liability Company," the designation "LLC" or the abbreviation "L.L.C."	
<u> </u>	
14550 oCEAN BLUFF DR.	
FORT MYERS, FL. 33908	
d office address on our records, enter the name of the	
<u>here</u> :	
Enter Florida street address	
, Florida	
City Zip Code	

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
AMBR Andrea McCain	4640 B McGregor Blvd.	☐ Add	
,		Fort Myers, FL. 33901	■ Remove
			Change
AMBR Angelina Guarisco	1359 Bradford Rd.	Add	
	Fort Myers, FL. 33901	■ Remove	
			☐ Change
AMBR Christar Damiano	3560 Edgewood Ave.	□ Add	
		Fort Myers, FL. 33916	■ Remove
			Change
AMBR Carolyn Schultz	11621 Giulia Dr	Add	
	Fort Myers, FL. 33913	■ Remove	
	-	☐ Change	
AMBR	1025 SE 43rd Terr.		
	Cape Coral, FL. 33904	Remove	
		Change	
		Add	
		□ Remove	
		☐ Change	

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<del> </del>		
Effective date, if other than the If an effective date is listed, the date me Note: If the date inserted in this bedocument's effective date on the I	ist be specific and cannot be prior to date of filing or more than 90 lock does not meet the applicable statutory filing requiren	(optional)  days after filing.) Pursuant to 605.0207 (3 nents, this date will not be listed as the
he record specifies a delaye The 90th day after the re	d effective date, but not an effective time, at cord is filed.	12:01 a.m. on the earlier of:
Dated	, 2015	
	Signature of a member or authorized representative of a member	рег
Andrea Guerrero		
Andrea Queriero	Typed or printed name of signee	

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Filing Fee: \$25.00