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(Re	equestor's Name)	
(Ac	ldress)	
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COVER LETTER

Division of Con		
SUBJECT:	Ciclo 5, LLC	
	Name of Limited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are submitted for filing.	
Please return all correspo	ondence concerning this matter to the following:	
	Michelle Bennett	
	Name of Person	
	Ciclo Management	
	Firm/Company	
	2828 S Tamiami Trail Suite A10	
	Address	
	Sarasota, FL 34239	
	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further information of	concerning this matter, please call:	
Michelle Bennett	941 961-0758 at ()	
Name o	of Person Area Code Daytime Telephone Number	_
Enclosed is a check for t	the following amount:	
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee & ☐ Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is	Status & y

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

1

Ciclo 5, L	LC	
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 15000 83470</u> .	were filed on $10/28/15$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
•		·
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2828 S Tamiami Trail	
(Principal office address MUST BE A STREET ADDRESS)	Sarasota, FL 34239	
Enter new mailing address, if applicable:	2828 S Tamiami Trail	
(Mailing address MAY BE A POST OFFICE BOX)	Sarasota, FL 34239	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:		16 AUG
New Registered Office Address:		(1) C - 19 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
	Enter Florida street address	7 2:
	, Florida _	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

Title	Name	Address	Type of Action
			□ Add
			□ Change
			☐ Add
			□ Remove
			☐ Change
			□ Add
		- A	☐ Remove
			□ Chânge
			Girange
			Add Remove
			Change
			Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			☐ Change

						
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P er antina		J.A. CELL		(4	2: 25 2: 25	A. Marine
If an effective Note: If the	date, if other than the ve date is listed, the date must he date inserted in this bl's effective date on the D	st be specific and cannot book does not meet the	e prior to date of filing or applicable statutory fil	(optional more than 90 days after filing requirements, this day	ng.) Pursuant to 605	5.0207 ed as 1

Page 3 of 3

Filing Fee: \$25.00