L15000 196494

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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CECRETARY OF STATE

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COVER LETTER

| TO: Registration S • Division of Co | ection rporations | | |
|--------------------------------------|--|---|---|
| CirelGrou | p, LLC nka Cirel Realty Group | , LLC | |
| SUBJECT, | Name of Lin | nited Liability Company | |
| | f Amendment and fee(s) are sub | | |
| | Clarke Cirel | | |
| | | Name of Person | · · · · · · · · · · · · · · · · · · · |
| | CirelGroup, LLC | | |
| | | Firm/Company | |
| | 8785 SW 165th Ave Ste 1 | 04 | |
| | | Address | |
| | Miami, Florida 33193 | | |
| | | City/State and Zip Code | |
| | admin@cirelgroup.com | to be used for future annual report notif | Gaadan) |
| For further information | concerning this matter, please c | • | icanon) |
| Clarke Cirel | | 305 924-6023 at () | |
| Name | of Person | | e Telephone Number |
| Enclosed is a check for t | 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 enclosed) |
| M . 11 | INC ADDRESS. | CTREET/COUDI | ED ADDRECC |

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

| Circi Really Group, LLC | | | |
|--|--|---|------------------------------|
| (<u>Name of the Limited Lia</u> (A Flo | bility Company as it now ap rida Limited Liability Compa | pears on our records.) ny) | |
| The Articles of Organization for this Limited Liability Florida document number L15000196494 | y Company were filed on | 11/25/2015 a | nd assigned |
| This amendment is submitted to amend the following | : | | |
| A. If amending name, enter the new name of the l | imited liability compan | <u>y here</u> : | |
| CirelGroup, LLC | | | |
| The new name must be distinguishable and contain the words "I | Limited Liability Company," t | he designation "LLC" or the abbrevia | tion "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET AD. | DRESS) | ···· | |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | | · | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | 4 | |
| B. If amending the registered agent and/or re | gistered affice address | on our records enter the t | name of the nev |
| registered agent and/or the new registered office a | | on our records, enter the r | mine of the ner |
| | | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| - | Enter | Florida street address | |
| <u> </u> | | , Florida | Code |
| | City | Zip | Code |
| New Registered Agent's Signature, if changing Register | ered Agent: | | |
| I hereby accept the appointment as registered age provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the register company has been patified in writing of this change | d complete performance l agent as provided for t ered office address, I he | e of my duties, and I am famili in Chapter 605, F.S. Or, if this | ar with and s document is |
| company has been notified in writing of this chang | , | CRETARY CHASSE | |
| | If Changing Pagistara | d Agent Signature of New Degisters | d Aghar I |

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 **Title** <u>Name</u> <u>Address</u> **Type of Action** _□ Add _□ Remove _□ Change _□ Remove _□ Change _□ Add _□ Remove ☐ Change □ Add □ Remove _□ Change _□ Add ☐ Remove ☐ Change ... Remove _ Change Ÿ Page 2 of 3

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| ive date, if other than the | date of filing: | (optional) |
| If the date inserted in this blo | t be specific and cannot be prior to date of filing or more ock does not meet the applicable statutory filing re | than 90 days after filing.) Pursuant to 603 |
| ective date is listed, the date mus If the date inserted in this blo | t be specific and cannot be prior to date of filing or more ock does not meet the applicable statutory filing re | than 90 days after filing.) Pursuant to 603 |
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