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COVER LETTER

TO: Registration S Division of Co	ection rporations				
CirelGrou	p, LLC				
SUBJECT:Name of Limited Liability Company					
The enclosed Articles o	f Amendment and fee(s) are submitted for filing.				
Please return all corresp	ondence concerning this matter to the following:				
	Clarke Cirel				
	Name of Person				
	CirelGroup, LLC				
	Firm/Company				
	8785 SW 165th Ave, Ste 104				
	Address				
	Miami, Florida 33193				
	City/State and Zip Code				
	ccirel@CirelGroup.com				
	E-mail address: (to be used for future annual report notification)				
For further information	concerning this matter, please call:				
Clarke Cirel	305 924.6023 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 & □ \$55.00 Filing Fee & □ \$60.00 Filing F Certificate of Status	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

Circioroup, LLC						
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)						
The Articles of Organization for this Limited Liability Company were filed on 24 November, 2015 and assigned Florida document number L15000196494						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liability company here:						
The new name must be distinguishable and contain the words "Limited Liability 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 office address on our records, enter the name of the registered agent and/or the new registered office address here:						
Name of New Registered Agent:						
New Registered Office Address: Enter Florida street address						
. Florida						
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 a 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						

If Changing Registered Agent, Signature of New Registered Agen

Page 1 of 3

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR Brandon Cirel	Brandon Cirel	8785 SW 165th Ave	Add
		STE 104	_□ Remove
		Miami, FL 33193	☐ Change
			Add
			Remove
			Change
			☐ Remove
		 	Change
			□ Add
			□ Remove
			□ Change
			Add
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			Remove
		PROPERTY OF STATE OF	

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Note: 1	e date, if other than the date tive date is listed, the date must be sp f the date inserted in this block do nt's effective date on the Departn	of filing:ecific and cannot be prior to date of filing or more the ses not meet the applicable statutory filing request of State's records.	(optional) nan 90 days after filing.) Pursuant to 605.0207 (ignirements, this date will not be listed as the
	ord specifies a delayed effe Ooth day after the record is	ective date, but not an effective time s filed.	e, at 12:01 a.m. on the earlier of:
Dated _	,	· · · · · · · · · · · · · · · · · · ·	
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	Clarke J Cirel	of a memory of authorized representative of a	member 3 5 1
		Typed or printed name of signee	ARY O
		Page 3 of 3	F _S
		Filing Fee: \$25.00	I: 05 TATE ORIDA