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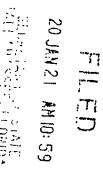
(Re	questor's Name)	
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COVER LETTER

	ision of Cor			
SUBJECT:		ing Circus, L.L.C. (Fla. DOS I	Document #: L16000021080)	
SOBJECT.		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	n all correspo	ondence concerning this matter	to the following:	
		Harry Lee Coe, IV		
			Name of Person	
		Harry Lee Coe, IV, P.A.		
			Firm/Company	
		2920 West Cypress Street		
			Address	
		Tampa, FL 33609		
		-	City/State and Zip Code	
		heivpa@verizon.net	to be used for future annual report no	ilitration)
For further i	nformation c	oncerning this matter, please c	-	inication)
		oncerning this matter, prease c		
Harry Lee C		CD.	at ()	T
	Name o	f Person	Area Code Daytir	пе Telephone Number
Enclosed is	a check for th	ne 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)
Re Di P.(gistration S vision of C D. Box 632 Ilahassee, I	Section Corporations 7	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, Fl	rporations Tallahassee pe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Harry's Flying Circus, L.L.C.	
(Name of the Limited Liability Company as it now appe (A Florida Limited Liability Company	ears on our records.)
The Articles of Organization for this Limited Liability Company were filed on _	1/29/16 and assigned
Florida document number L16000021080	
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	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
	1/2 C
	2 <u>2</u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
	× × × × × × × × × × × × × × × × × × ×
B. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here:	records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	
Enter F	lorida street address
-	, Florida
City New Registered Agent's Signature, if changing Degistered Agent.	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>	Address	Type of Action
AMBR	Wendy Wright Coe	101 Ladoga Ave., Tampa, FL 33606	
			□Remove
			□ Change
			🗆 Add
			□Remove
			□Сћапде
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		<u> </u>
Tective date, if other than the date of filing:	(optional)	
an effective date is listed, the date must be specific and cannot be prior to date of filing or more to ote: If the date inserted in this block does not meet the applicable statutory filing re		
ocument's effective date on the Department of State's records.		
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the	the earlier of: (h) The 90	Nih dav after th
is filed.	ine carrier or. (b)	zar day urter ar
January 14 2020		
ated January 1		
ated		

Filing Fee: \$25.00