16000096473

, (R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL.
(B	usiness Entity Nan	ne)
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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TALL ANASSES



Crossroads Centre, 7777 Davie Road Extension, Bldg. A, Suite 100, Hollywood, FL 33024

KevinF@LawFH.com Phone Ext. 205

Phone: (954) 966-0881 Toll Free 1-877-573-8428 Facsimile: (954) 966-0886

JUNE 5, 2016

Via U.S. Mail

Department of State **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

> AMERICAN CIRCLE RENTALS, LLC; FL Document filing #: Re:

L16000096473

Good Afternoon:

Please find enclosed:

- 1) Amendment to the Articles of Organization; and
- 2) Check for \$30 made out to the Florida Department of State; and
- 3) Self addressed stamped envelope for return of the Certificate of Status.

If you have any questions feel free to call our office. Thank you.

Very truly yours,

KEVIN H. FABRIKANT, ESQ.

KHF/AU

COVER LETTER

CUDIFOT.		N CIRCLE RENTALS, LLC				
SUBJECT:		Name of Lim	ited Liability Company			
			-			
		KEVIN FABRIKANT				
		-	Name of Person			
					16 318	
	Name of Limited Liability Company d Articles of Amendment and fee(s) are submitted for filing. n all correspondence concerning this matter to the following: KEVIN FABRIKANT	CAR JE	•			
		7777 DAVIE ROAD EXT	Name of Limited Liability Company It and fee(s) are submitted for filing. cerning this matter to the following: FABRIKANT Name of Person Firm/Company AVIE ROAD EXTENSION BLDG A STE 100 Address /WOOD, FL 33024 City/State and Zip Code lawfh.com E-mail address: (to be used for future annual report notification) nis matter, please call: at (Area Code) Daytime Telephone Number g amount: O Filing Fee & Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed) RESS: STREET/COURIER ADDRESS:			
			Address	rifiling. Invicompany BLDG A STE 100 Address Interpretation Address Interpretation Address Interpretation Address Interpretation In		
		HOLLYWOOD, FL 33024	4			<u></u>
		-				
				ration)		
For further is	nformation co	oncerning this matter, please c				
KEVIN FA			at ()			
	Name of	f Person	Area Code Daytime	l'elephone Number		
Enclosed is	a check for th	ne following amount:				
□ \$25.00 F	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificat Certified	e of Status & Copy	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMERICAN CIRCLE RENTALS, LLC

(Name of the Limited Lightlity Company	(as it now arrange on our records)	
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	ability Company)	
The Articles of Organization for this Limited Liability Company was lorida document number L16000096473	/ere filed on 05/17/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
		TS 3
he new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the	abbreviation L.L.C."
nter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRESS)		SSE -B L
		55 5
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office address here:		r the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	·
	, Florida	
	City , Florida _	Zin 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ROBERT BERGMANN	PO BOX 480114,	■ Add
		DELRAY BEACH, FL 33448	Remove
			□ Change
MGR	KAREN COAKLEY	PO BOX 480114,	≌ Add
		DELRAY BEACH, FL 33448	☐ Remove
			□ Change
AR	KEVIN FABRIKANT	7777 DAVIE ROAD EXTENSION	
		BLDG A STE 100	■ Remove
		HOLLYWOOD, FL 33024	Change
			🗖 Add
			Remove
			FILED FILED Add Add Add
			Remove ☐ Change

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(If an e	tive date, if other than the date of filing: 1	020 7 (: d as tl
the re) The	ccord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier e 90th day after the record is filed.	r of:
Dated	6/1/2016	
	1/2	
	Signature of a member of authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00