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SECRETARY OF STATE

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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJI	Circle Retai	il, LLC		
SOBJ	BCT:	Name of Lin	nited Liability Company	
The en	aclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Lilian Lavado		
			Name of Person	
		Hollywood Circle, LLC		
			Firm/Company	
•		290 N Federal Hwy		
			Address	
		Hollywood, FL 33020		
			City/State and Zip Code	
		llavado@gcfrc.com		
		E-mail address: (to be used for future annual report notif	ication)
For fur	ther information co	oncerning this matter, please c	all:	
Lilian	Lavado		954 4487951 at ()_	
	Name of	Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	e following amount:		
□ \$2	5.00 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)

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**

(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 04/18/2017 and assign Florida document number 82-1743853 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CIRC RETAIL, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L. 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 registered agent and/or the new registered office address here:	ņed
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	the ne
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
, Florida	
City 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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			Remove
			☐ Change
			Add
			Remove
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record specifies a delayed effective date, but not an effective factories and the record is filed.	ctive time, at 12:01 a.m. on the earlie
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Signature of a member or authorized represe	
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Filing Fee: \$25.00