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MAR 30 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Full Circle Old FL, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

W. Michael Kerver

Name of Person

Full Circle Old FL, LLC

Firm/Company

11220 Metro Pkwy, Suite #27

Address

Fort Myers, FL 33966

City/State and Zip Code

mkerver@advancehomesinc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

W. Michael Kerver

239 939-9996
at ()
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------------|------------------------------|--|
| VP | W. Michael Kerver | 11220 Metro Pkwy, Suite #27, | <input type="checkbox"/> Add |
| | | Fort Myers, FL 33966 | <input type="checkbox"/> Remove |
| | | Change from MGR to VP | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated March 16, 2018

 Signature of _____

Signature of a member or authorized representative of a member

W. Michael Kerver, VP

Typed or printed name of signee