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And

R. WHITE NOV | 9 2018 SECRETARY OF STATE

118 NOV - 1 PM 12: 5:



COVER LETTER

TO: Registration Section Division of Corpo			
SUBJECT:	Name of Lim	Circle LLC.	
The enclosed Articles of Ar	mendment and fee(s) are sub-	mitted for tiling.	
Please return all correspond	ence concerning this matter	to the following:	
	Darie	O OUTEZ Name of Person	
		Firm/Company	
	10410 Zac	Chary Circle 3	<u> </u>
	<u>hwerview</u>	City/State and Zip Code	
	CACONC E-mail address: (1	ircle IIC @ a mil. Co	ication)
For further information con	cerning this matter, please ca	ill:	
Darie of P	↑P7/ erson	at (<u>43) 763</u> Area Code Daytime	1004 Telephone Number
Enclosed is a check for the	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 radditional 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 ILED OF

lean Circle LI

2018 NOV - 1 PM 12: 52

(A FI	orida Limited Liability Company) TALLEN	THOSEE, PL
The Articles of Organization for this Limited Liabili	ty Company were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following	g:	
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 "I	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET AI	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u></u>	
D. If any and in the marine and again and any		and a succession of the second
B. If amending the registered agent and/or r registered agent and/or the new registered office.		ords, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	dress

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, <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	Dario nuñez	10410 Factsary cir #	5 <u>0</u> ■ Add
		10410 Eccisary cir #. Riverview, F1 33578	Remove
			Change
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Note:	we date, if other than the date of filing:
	ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	10/24/2018
	Signature of a member or authorized representative of a member
	Dakic Null- Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00