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(Re	questor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

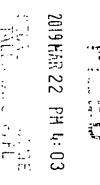




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U3/22/19--U1U1U--U23 **43.75

R. WHITE



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION:	CIRCLE LLC	
DOCUMENT NUM	1.18000206093		
The enclosed Article	es of Amendment and fee are su	bmitted for filing.	
Please return all corr	respondence concerning this ma	tter to the following:	
	UPINDER SINGH		
		Name of Contact Person	n
		Firm/ Company	
	3091 MANDOLIN DRIVE		
		Address	
	KISSIMMEE, FL 34744		
		City/ State and Zip Cod	e
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	ion concerning this matter, pleas	se call:	
UPINDER SINGH		at (666-8583
Name	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ailing Address		Address Iment Section
· · · · · · · · · · · · · · · · · · ·	vision of Corporations	Divisio	on of Corporations
	O. Box 6327		Building
1 3	dlahassee, FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company's it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 8/28/18 and assigned florida document number L180000206093 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 designation "LLC" or the abbreviation "LLC". Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new 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 a registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	1551 SACKETT CIRCLE LLC		
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 designation "LLC" or the abbreviation "LLC". 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: Name of New Registered Agent: New Registered Office Address:	(Name of the Limited (A	Liability Company as it now appears on our record Florida Limited Liability Company)	<u>(s.)</u>
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 designation "LLC" or the abbreviation "LLC." 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) 3. 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: Name of New Registered Agent: New Registered Office Address:			and assigned
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New Registered Office Address:	egistered agent and/or the new registered offic	e audress here.	
New Registered Office Address:	Name of New Registered Agent		
New Registered Office Address: Enter Florida street address			
	New Registered Office Address:	Enter Florida street addre	
_			
Florida City Zip Code			oridaZip 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
AMBR	JAMES ASHCRAFT	275 ARNOLD LANE	🗆 Add
		WINTER SPRINGS, FL 32708	■ Remove
			□ Change
			□ Remove
			☐ Change
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record specifies a he 90th day after	delayed effective da the record is filed.	ite, put not an	checave ame,	GE 12.01 G.III. OII (Carner
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ed MARCH 18		_ //			
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00