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(Re	questor's Name)	
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Special Instructions to	Filing Officer:	
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• .		COVER LETTER	
TO:	Registration Section Division of Corporations	• · · · · · · · · · · · · · · · · · · ·	
SUBJE	СТ:	Cirocoth Link ULC 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:

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

X \$25.00 Filing Fee

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□ \$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 A TO ARTICLES OF O O	O DRGANIZATION	1
(Name of the Limited Liability Compare (A Florida Limited L		r records.)
The Articles of Organization for this Limited Liability Company	were filed on 091	131 2018 and assigned
Florida document number L18000217843		
This amendment is submitted to amend the following: A. If amending name, <u>enter the new name of the limited liabi</u> NIA	ility company here:	
The new name must be distinguishable and contain the words "Limited Liability"	ity Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	AIN	19
<u>(Principal office address MUST BE A STREET ADDRESS)</u>		
Enter new mailing address, if applicable:	NIA	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		50
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		records, enter the name of the new

Name of New Registered Agent:	NIA	
New Registered Office Address:		
	Enter Florida	n 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.

N | N 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</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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		Sunny Isles Beach 7	
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: ______(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) <u>Note:</u> 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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	October 85th 2018
	turn the
	Signature of a member or authorized representative of a member
	Laura V: Maures
	Typed or printed name of signee

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Filing Fee: \$25.00