## L18000 292077

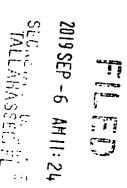
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## **COVER LETTER**

TO: Registration Se Division of Cor			
	GROUP, LLC		
SUBJECT:		ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	LENNIS M. MALDONAD	00	
		Name of Person	
	LFM ACCOUNTING SOL		
		Firm/Company	
	8805 NW 111th Ave. unit		
	<u> </u>	Address	
	Doral FL 33178		
	maldonadolennis@gmail.co	City/State and Zip Code m	
	E-mail address: (	to be used for future annual report not	fication)
For further information of	oncerning this matter, please co	all:	
Lennis M. Maldonado		786 218-3881 at ()	
Name o	of Person	Area Code Daytin	e Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	S30.00 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**

CIRINEO 5 GROUP, LLC			
( <u>Name of the Limited</u> (A	Liability Compa Florida Limited	iny as it now appears on our re Liability Company)	cords.)
The Articles of Organization for this Limited Liab	oility Company	were filed on	and assigned
Florida document number L18000292077			
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of the	he limited liab	oility company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		3105 NW 107th Ave	
(Principal office address MUST BE A STREE	ADDRESS)	Suite 400-L5	
		Doral, FL 33178	<u> </u>
Enter new mailing address, if applicable:		3105 NW 107th Ave	119 SEP
(Mailing address MAY BE A POST OFFICE BO	g address, if applicable:		
		Doral FL 33178	
B. If amending the registered agent and/or registered agent and/or the new registered officers.			ords, enter the name of the nev
Name of New Registered Agent:			<u> </u>
New Registered Office Address:	3105 NW 107ti	h Ave. Suite 400-L-5  Enter Florida street a	
	D 1	Enter r toriaa street a	
	Doral	City	, Florida 33178 Zip Code
New Registered Agent's Signature, if changing Re	pistered Avent	•	s.p coue

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>	<u>Address</u>	Type of Action
MGR	LUZ M VARGAS	6400 NW 114th Apt. 1135	
		Doral FL 33178	U Add
			■ Remove
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Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this is document's effective date on the !	ust be specific and cannot block does not meet t	ot be prior to date of : he applicable statu	filing or more than 90	(optional) days after filing.) Pursual ents, this date will not	nt to 605 0207 the listed as
tne record specifies a delaye ) The 90th day after the re		but not an effe	ective time, at :	:2:01 a.m. on the	earlier c
Dated August 24	20	19			
( )	Coece	ue)			
		الله الله الله الله الله الله الله الله	exentative of a memby	· <del>·</del>	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00