L19000046944

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A. RAMSEY JAN 2 5 2023

COVER LETTER

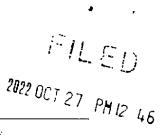
TO: Registration So Division of Cor			
Sam inzep.	; INDUSTRIAL CI	RCLE ESCORT LLC	•
SUBJECT:	Name of Lin	nted Liability Company	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		STANLEY HOBBS	
		Name of Person	
	INDU	STRIAL CIRCLE ESCORT LLC	
		Firm/Company	-
	2	761 BLANDING BLVD	
		Address	
	М	IDDLEBURG, FL 32068	
		City/State and Zip Code	
		TRIALCIRCLE@GMAIL.COM	
For further information c	oncerning this matter, please c	to be used for future annual report not	ilication)
	NLEY HOBBS	904 237-8659	
		at ()	ne Telephone Number
Name o	f Person	Area Code Daytin	ie Telephone Number
Enclosed is a check for th	ne 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 (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632		The Centre of	-

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



INDUSTRIAL CIRCLE ESCORT LLC

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

		02/18/2019	
The Articles of Organization for this Limited Liabilit	y Company were liled on	02/10/2017	and assigned
Florida document number 1.19000046944	·		
This amendment is submitted to amend the following	3:		
A. If amending name, enter the new name of the l	limited liability company h	ere:	
INDUSTRIAL CIRCLE LLC			
The new name must be distinguishable and contain the words "	Limited Liability Company," the	designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		_ .	
		 .	
	 		
B. If amending the registered agent and/or registe agent and/or the new registered office address her		records, <u>enter the n</u>	ame of the new regis
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	rida 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.

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
			E)Add
			□Remove
			ClChange
			DAdd
			□Remove
			(□Change
			🗆 🗖 Add
			□Remove
			[]Change
			ĹJAdd
			[]Remove
			□Change
			🗆 Add
		□Remove	
			∐Change
			🗆 🖂 🖂 dd
			□Remove
			ElChango

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(If an ef Note:	ive date, if other than the date of filing: [10/24/2022] [cetive 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
he reco ord is fi	d 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 led.
Dated	10/24/2022
	Signature of a member or authorized representative of a member
	STANLEY HOBBS
	Typed or printed name of signee