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## **COVER LETTER**

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, Fl. 32314

SUBJECT: CITCLE B LLC
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:
Robert Peterson
Name of Person
B Circle B LLC Firm/Company
5285 Manning Cemetery Road
Jackson V. 11e FL 32234 City/State and Zip Code
tobal bairriah Com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Robert Peterson at (484) 1095-4004 Name of Person Area Code Daytine Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee.  Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
52.50 ck # 182 (PT 7.50 ck # 194 (en
MAILING ADDRESS: STREET/COURIER ADDRESS:
Registration Section Registration Section Division of Corporations Division of Corporations

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Circle B LC (Name of the Limited Liability C	Company as it now appears on our records.) nited Liability Company)
	pany were filed on $4/15/2019$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	*** <b>_</b>
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:	70 0
(Principal office address MUST BE A STREET ADDRES	• • • • • • • • • • • • • • • • • • • •
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	From F
B. If amending the registered agent and/or register registered agent and/or the new registered office address	red office address on our records, enter the name of the nos shere:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida 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 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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
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f amending any other information, enter change(s) here: (Attach additi		
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ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing or store:  If the date inserted in this block does not meet the applicable statutory filing occument's effective date on the Department of State's records.	(optional) more than 90 days after filing.) P ng requirements, this date wi	Pursuant to 605,020' Ill not be listed as
e record specifies a delayed effective date, but not an effective The 90th day after the record is filed.	time, at 12:01 a.m. or	n the earlier o
Dated 8 5 2019 . Signature of a member or authorized representative	ve of a member	
Robert Peterson Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00