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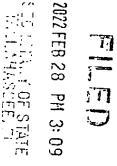
| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Y. SCOTT MAR - 5 2022

COVER LETTER

| TO: Registration Se Division of Cor | | • | * |
|--|---|--|---|
| O 1 (11 11) O(1) | oldings, LLC | | |
| SUBJECT: | Name of Lin | nited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| | ndence concerning this matter | | |
| | Conley Thornhill | | |
| | | Name of Person | |
| | Circle T Holdings, LLC | | 20 |
| | | Firm/Company | 22 FI |
| | 1155 Interlochen Blvd | | FEB 2 |
| | | Address | ————————————————————————————————————— |
| | Winter Haven, FL 33884 | | PH 3: 09 |
| | | City/State and Zip Code | |
| | gconleyt@gmail.com | to be used for future annual report noti | fication) |
| For further information c | oncerning this matter, please c | | reactory |
| Morgan H. Roe | | 863 289-2144 | |
| Name o | f Person | at () Area Code Daytim | e Telephone Number |
| Enclosed is a check for th | ne following amount: | | |
| □ \$25.00 Filing Fee | ■ \$30:00 Filing: Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address | | Street Address: | aria a |
| Registration S Division of C | | Registration Sec Division of Cor | |
| P.O. Box 632 | 7 | The Centre of T | allahassee |
| Tallahassee, l | 1L 32314 | 2415 N. Monro | e Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Circle T Holdings, LLC | | |
|--|---|--|
| (<u>Name of the Limited Liability Company</u> (A Florida Limited Lie | y as it now appears on our records.) ability Company) | |
| The Articles of Organization for this Limited Liability Company w Florida document number L19000154346 | vere filed on 6/11/2019 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabili | ty company here: | |
| The new name must be distinguishable and contain the words "Limited Liability | y Company," the designation "LLC" or | the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | 022 |
| (Principal office address MUST BE A STREET ADDRESS) | | 77 cmm |
| Enter new mailing address, if applicable: | | B PH S S S S S S S S S S S S S S S S S S |
| (Mailing address MAY BE A POST OFFICE BOX) | | 09 |
| B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here: | dress on our records, <u>enter the</u> | name of the new registere |
| Name of New Registered Agent: | <u> </u> | |
| New Registered Office Address: | Enter Florida street address | |
| | , Florid | a |
| | City | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pro- | erformance of my duties, and I | am familiar with and |

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, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|----------------|--|-------------------------------|
| MGR | Quentin J. Roe | PO Box 900, Winter Haven, FL 33882-0900 | \equiv Add |
| | | | □Remove |
| | | | □Change |
| MGR | Morgan H. Roe | PO Box 900, Winter Haven, FL 33882-0900 | \ Add |
| | | (1) (1) (1) (1) (1) (1) | Remove 7027 FEB 28 □ Change |
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| fective date, if other than the da n effective date is listed, the date must be ote: If the date inserted in this block current's effective date on the Depa | specific and does not | nd cannot b meet the | applicable | late of filir e statutor | ng or more they filing rec | nan 90 days | optional) after filing.) s, this date v | Pursuant vill not | to 605.020 be listed a |
| sument's effective date on the Depa | ittiiciit oi | State 5 Te | corus. | | | | | | |
| ecord specifies a delayed effective d is filed. | ate, but no | ot an effec | tive time | , at 12:01 | a.m. on th | e earlier o | of: (b) The | 90th da | iy after the |
| February 28 | | 2022 | | - | | | | | |
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Filing Fee: \$25.00