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November 14, 2019

FLORIDA DEPARTMENT OF STATE Division of Corporations

CIRCLE DEBT SOLUTIONS, LLC 8300 NORTHWEST 53RD STREET SUITE 350 DORAL, FL 33166

SUBJECT: CIRCLE DEBT SOLUTIONS, LLC

REF: L19000265982

We received your electronically transmitted document. Eowever, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

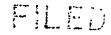
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If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux Regulatory Specialist II FAX Aud. #: H19000333852 Letter Number: 019A00023447

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



200 11 P 1: 00

(Name of the Limited Liability Co (A Florida Lim	mpany as it now appears on ited Liability Company)	our.records.) All I I I I I I I
The Articles of Organization for this Limited Liability Comp. Florida document number L19000265982	vany were filed on $\frac{10/23/2}{2}$	019 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
CIRCLE DEBT SOLUTION, LLC		
The new name must be distinguishable and contain the words "Limited l	liability Company," the design	anon "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES.	<u> </u>	<u> </u>
The state of the s		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
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(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registere registered agent and/or the new registered office address Name of New Registered Agent:	d office address on ou here; Enter Florida :	r records, enter the name of th

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

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
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