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COVER LETTER

Div	ision of Cor	porations		
SUBJECT:	CIRCUIT E	NTERPRISES LLC		
SUBJECT.		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	n all correspo	ndence concerning this matter	to the following:	
		TRAVIS FRANCE		
			Name of Person	
			Firm/Company	
		2132 W LA SALLE ST		
			Address	
		TAMPA, FL 33607		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notific	cation)
For further in	nformation co	oncerning this matter, please ca	all:	
TRAVIS FR			813 857-6171 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for th	e following amount:		
■ \$25.00 H	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)

TO:

Registration Section

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CIRCUIT ENTERPRISES LLC		
(Name of the Limited Li (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabili	ity Company were filed on 01/06/2021	and assigned
Florida document number L21000019332	·	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable	::	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·	
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
		
B. If amending the registered agent and/or registagent and/or the new registered office address he		ame of the new registers
Name of New Registered Agent:		22
New Police of Office Add		2021.66.
New Registered Office Address:	Enter Florida street address	
	. Florida	1
_	City , Florida	Zip Code
New Registered Agent's Signature, if changing Regis	stered Agent:	Ţ.

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
MGR JOEY FRANCE	JOEY FRANCE	2132 W LA SALLE ST	
		TAMPA, FL 33607	≣Remove
			□Change
			□ Add
			□Remove
			□Change
			□Remove
			□Change
		☐Add	
		Петоvе	
		□ Change	
		□Add	
		□ Remove	
		□ Change	
		□Add	
			□Remove
			□Change

lf ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing:
c recor	rd 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	JANUARY 26 2021
	Signature of a member or authorized representative of a member
	TRAVIS FRANCE Typed or printed name of signee