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W. SCOTT DEC 1 1 2021

COVER LETTER

TO:		stration Section of Corpo				
		ROSEBUD C	ANNABIS ACCESSORIES	I.I.C	-	
SUBJE	CI: _		Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·	
The enc	losed .	Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please r	eturn (ill correspond	dence concerning this matter	to the following:		
			Stephanie Speights-Sellers			
				Name of Person		
					•	297
				Firm/Company	<u>;</u> ;,.	21 K
			1507 Carbondale Dr N			2021 NOV 24 PH 2
				Address	(G)	PH
			Jacksonville Florida, 32208	3	inius In aci	PH 2: 1
				City/State and Zip Code		$\overline{\omega}$
			sspeights@comeast.net			
			E-mail address: (to be used for future annual report no	otification)	
For furt	her inf	ormation cor	icerning this matter, please co	all:		
Stephar	ie Spe	rights-Sellers	<u> </u>	904 571-0200 at ()		
		Name of I	² erson	Area Code Dayti	me Telephone Number	
Enclose	d is a	check for the	following amount:			
□ \$25	.00 Fi	ling Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing F Certificate of S Certified Copy (additional copy is	Status &
	Reg Divi P.O.	ing Address: istration Se sion of Co . Box 6327 ahassee, FI	ection rporations	Street Address: Registration S Division of Co The Centre of 2415 N. Mon Tallahassee, F	orporations Tallahassee roe Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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

ROSEBUD CANNABIS ACCESSORIES LLC

(A Piones Limico	(Trantitty Company)	
The Articles of Organization for this Limited Liability Company	y were filed on $\frac{08/25/2021}{}$	and assigned
Florida document number 1.21000380741		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
CIRCE LLC		
he new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		: 23
Principal office address MUST BE A STREET ADDRESS)		121
		VOV.
		25
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		May 10 1 and
774000		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street e	uddress
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>	
I hereby accept the appointment as registered agent and agorovisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my dutic provided for in Chapter (es, and I am familiar with and 605, F.S. Or, if this document is
company has been notified in writing of this change.		ture of New Registered Agent

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
			□Remove
			☐ Change
			□Remove
			☐ Change
			□Add
			Onange P
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ective date, if other than the date of effective date is listed, the date must be specified. If the date inserted in this block document's effective date on the Departm	eific and cannot be prior ses not meet the applic	cable statutory filin		tiling.) l		
cord specifies a delayed effective date, s filed.	but not an effective t	ime, at 12:01 a.m. (on the earlier of: (b) The	90th day	after tl
ed November 22	2021		7			