

L230000284147

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

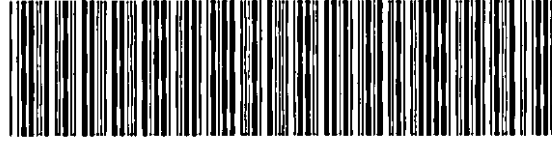
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TALLAHASSEE, FLORIDA

2023 NOV - 8 AM 9:53

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11/08/23--01001 -001 **25.00

OFFICE OF THE
DIVISION OF CORPORATE
TALLAHASSEE, FLORIDA

2023 NOV - 8 PM 3:59

RECEIVED

Department of State
Division of Corporations

American Expediting (Stealth Courier)

1531 Commonwealth Business Dr Suite 105

Tallahassee, FL 32303

850-294-5632

Date- 11/8/2023

Stealth Courier Box

Requester: John Navarro

Company: Inner Circle Co

Job# : 14955904

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INNER CIRCLE CO 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:

JOHN NAVARRO

Name of Person

JOHN A NAVARRO PA

Firm/Company

150 S PINE ISLAND DR SUITE 300

Address

PLANTATION FL 33324

City/State and Zip Code

JOHN@JOHNANAVARROPA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN NAVARRO

Name of Person

954

at ()

Area Code

445-7401

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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)

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**

INNER CIRCLE CO LLC

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

2023 NOV -8 AM 9: 53

TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 06/12/2023 and assigned

Florida document number L23000284147

This amendment is submitted to amend the following:

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 the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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 added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	THE NET HOLDINGS LLC	1500 NW NORTH RIVER DR #2308	<input type="checkbox"/> Add
		MIAMI FL 33125	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SHANE MOLINE	1500 NW NORTH RIVER DR #2308	<input checked="" type="checkbox"/> Add
		MIAMI FL 33125	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FILED
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TALLAHASSEE, FLORIDA

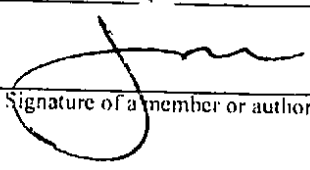
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated NOVEMBER 7, 2023


Signature of a member or authorized representative of a member

JOHN NAVARRO

Typed or printed name of signee

Filing Fee: \$25.00