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(((H23000337645 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PARASEC

Account Number : 120180000086 Phone : (916)576-7000

Fax Number : (800)603-5868

Enter the email address for this business entity to be used for future cannual report mailings. Enter only one email address please.\*\*

Column Email Address: RLOPS@PARASEC.COM

**LUC AMND/RESTATE/CORRECT OR M/MG RESIGN** THE CIRCLE SYNDICATE LLC

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## **COVER LETTER**

	tration S ion of Co	ection rporations		•
UBJECT: _	4	THE CIRCLE SYNDICAT	E LLkC	₹
<b>V</b>		Name of Lam	ited Liability Company	
The enclosed E	Articles of	[Amendment and fec(s) are sub	omitted for filing	
Please return a	ll corresp	ondence concerning this matter	to the following	
		Van	essa Calhoun	
			Name of Person	<del></del>
		Pa	nec	
			Firm Company	
			2804 Gateway Oaks Drive #100 Address	
			Paddress	
			Sacramento CA 95833 City State and Zip Code	<del></del>
			,	
or further info	ormation c	E-mail address) ( concerning this matter, please o	to be used for future annual report not all	ification)
Vane	ssa Calho		at ( <u>800</u> ) <u>854-8534</u>	
	Name (	of Person	Atea Code Daytin	ne Telephone Number
nclosed is a c	heck for t	he following amount.		
⊠ \$25 00 Fili	ing Fee	☐ \$30,00 Filing Fee & Certificate of Status	21 \$55.00 Filing Fee & Certified Copy additional copy is enclosed:	Continued to Status & Certificate of Status & Certified Copy (additional copy is enclosed)
	ng Addre		Street Address:	
Registration Section		Section	Registration Se	ection

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

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

To: 18506176383 From: 19166105073 Date: 09/26/23 Time: 2:28 PM Page: 04/06

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE CIRCLE SYNDIO	CATE LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appe Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liability Company	r were filed on _	08 17/2023	and assigned
Florida document numberL23000388153			
This amendment is submitted to amend the following.			
A. If amending name, enter the new name of the limited lial	oility company l	<u>liere</u> :	
The new name must be distinguishable and contain the words "Limited Liab:	thty Company." the	designation "LLC" or the	abbreviation "L L C "
Enter new principal offices address, if applicable:	<del></del>		
(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 agent and/or the new registered office address here:	address on our	records, <u>enter the na</u>	me of the new registere 을
Name of New Registered Agent:		· <del></del>	<u> </u>
New Registered Office Address:			P.3
	Enter Fi	orida street address ===================================	F# 12:
	City	, Florid <u>a</u> _	Zīp Cade
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>		<b>3</b> -

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 603. 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.

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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
AMBR	Anthony Subnaik	900 BISCAYNE BAY #3112 Miami, FL 33132	(JAdd
			™Remove
			TChange
		<del></del>	ERemove
		<del></del>	D.Change
	<del></del>		🗆 Add
			Change
			∏Add
			ERemove
			13 Change
			□ Add
			Remove
			Change
			UAdd
			TRemove
			Change

D. If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u>Note:</u> If th	late, if other than the date of filing:
If the record spo record is filed	rerifies a delayed effective date, but not an effective time, at 12.01 a m. on the earlier of (b). The 90th day after the
Dated S	eptember 25th 2023
	-1/A7i
	Signature of a member or authorized representative of a member
	Haseeb Ali
•	Typed or printed name of signee

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