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A. PARISHANI OCT 0 8 2023

. COVER LETTER

TO:	Registration Sectorial Division of Corp.	orations	4. 4.	• •	•
SUBJE	ст:	ircle	L Ranch ited Liability Company	66	<u>.</u>
		Name of Lin	nited Liability Company		
					202:
The end	closed Articles of A	mendment and fee(s) are sub	omitted for filing.		023 SFP 26
Please	return all correspon	dence concerning this matter	to the following:		
		Nicho	las Lop Name of Person	peZ	PH 3: 06
		Circle	L Ranch	LLC	<u></u>
		5405	Fishtail,	Palm	Ave
		nícku	City/State and Zip Code 1 1 0 p.e. 2	yahoo	,com
For furt	her information cor	ncerning this matter, please c		V iorite and it	
	Nicholo	is Lopez	at (<u>321)</u> Area Code Di	795-6	209
	Name of I	Person	Area Code Di	aytime Telephone N	amber
Enclose	ed is a check for the	following amount:			
X S25	5.00 Filing Fee	☐ \$30.00 Fiting Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Cer Cer	00 Filing Fee, tificate of Status & tified Copy itional copy is enclosed)
	Mailing Address: Registration Se	ection	<u>Street Addres</u> Registration		
	Division of Co		~	Corporations	

P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

C)F	023
(Name of the Limited Liability Comp.) (A Florida Limited	nny as it now appears on our records.) Liability Company)	023 SEP 26 P
The Articles of Organization for this Limited Liability Company	were filed on $\frac{9/19/2}{2}$	23 and assigned
Florida document number <u>L2300043514</u>	8	06
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity 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 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 n</u>	ame of the new registered
Name of New Registered Agent:		
New Registered Office Address:		

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.

Cuv

Enter Florida street address

_. Florida ___

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>	Type of Action
MGR	SARAH K LOPE	Z 5405 FISHTAIL F	DIALM AVE TKdd
		Address Z 5405 FISHTAIL F COCOA, FL 3292	7 □Remove
			□Change
			□Add
		···	Remove 23 SEChange
			26 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10
			ယ္ A Remove
			□Change
			□Add
		. 	□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			Remove
			□Change

2023
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tional) er filing.) Pursuant to 605.02 his date will not be listed
(b) The 90th day after th