24000335724

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

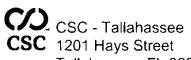




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2024 OCT -2 PH 12: 12

RECEIVED



Tallahassee, FL 32301-2607 850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations

From: Amanda Miller

Ext: x62969 Date: 10/02/24 Order #: 1632246-1

Re: First Circle GC PLLC Processing Method: Routine



Enclosed please find:

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:

120000000195

Please take the following action: File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

Docusign Envelope ID: 0C9D2013-4AB6-4F50-B27B-66EBD3028003 COVÊR LETTER TO: Registration Section **Division of Corporations** First Circle GC PLLC SUBJECT: 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: Andrew Morris Name of Person First Circle GC PLLC Firm/Company 9593 Vescovato Way Address Boca Raton, Florida 33496 City/State and Zip Code drew@firstcircle.law

For further information concerning this matter, please call:

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)

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

☐ \$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

Docusign Envelope ID: 0C9D2013-4AB6-4F50-B27B-66EBD302B003

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2024 OCT -2 PH 12: 12 First Circle GC PLLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) TALLAHASSEE, FLORIDA The Articles of Organization for this Limited Liability Company were filed on August 2, 2024 and assigned Florida document number L24000335724 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: First Circle Law PLLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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

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.

City

___, Florida ___

Docusign Envelope ID: 0C9D2013-4AB6-4F50-B27B-66EBD3028003 11 amending Authorized rerson(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
			□Add
			□Remove
			□ Change
			□Remove
			□Change
			Remove
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			□Remove
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		FLONIDA
	date of filing: be specific and cannot be prior to date of filing or more than 9	(optional) 0 days after filing.) Pursuant to 605.0207
Note: If the date inserted in this blo	ck does not meet the applicable statutory filing require partment of State's records.	ements, this date will not be listed as
Note: If the date inserted in this blo document's effective date on the De		ements, this date will not be listed as
Note: If the date inserted in this blo document's effective date on the De ne record specifies a delayed effective ord is filed.	partment of State's records. date, but not an effective time, at 12:01 a.m. on the ea	ements, this date will not be listed as
Note: If the date inserted in this blo document's effective date on the De ne record specifies a delayed effective	partment of State's records. date, but not an effective time, at 12:01 a.m. on the ea	ements, this date will not be listed as
Note: If the date inserted in this blo document's effective date on the De ne record specifies a delayed effective ord is filed. Dated September 25	partment of State's records. date, but not an effective time, at 12:01 a.m. on the ea	ements, this date will not be listed as arrived as arri

CSC AMEND-17947