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COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT:	CLEJR (1) Name of Limi	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Letic	ICL Brito Name of Person	
	<u>Circle</u>	JRLI) LC Firm/Company	
	10704 SI	Wine Dy Address	
	Delray F delray	City/State and Zip Code Deach burned Deach bur	4546 10amail.com
For further information col	ncerning this matter, please ca	all:	
Leticia E Name of	3(tt) Person	at (50) 405 Area Code Daytim	2 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:	<u>.</u>	Street Address:	

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

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

Circle J	R(I), LC
(Name of the Limited Li (A FI	ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liabili	ty Company were filed on 11/24 1998 and assigned and assigned
This amendment is submitted to amend the following	g:
A. If amending name, enter the new name of the	limited liability company here:
Circle (R (1)	LLC
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	CRE LE
(Principal office address MUST BE A STREET AI	DDRESS)
	SSE ST
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	9
B. If amending the registered agent and/or regist agent and/or the new registered office address he	tered office address on our records, <u>enter the name of the new registered</u> ere:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City 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 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
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			□Change
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an effective date is listed, the Note: If the date inserted in	n this block does	not meet the	applicable:	e of filing or mostatutory filing	re than 90 days requirement	s, this date	will not	be listed as
locument's effective date of	on the Department	of State's r	ecords.					
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d is filed.	effective date, bu	2	021.					
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Typed or printed name of signee