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SECRETARY OF STATE
TALL AHASSEE, FLORIDA

TECHNICALI MAN

COVER LETTER

TO: Amendment Section Division of Corporations

	The Circle GDFO	Inc.	
NAME OF CORPOR			
DOCUMENT NUMI	P19000011306 BER:		
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
	Justine Goubert		
		Name of Contact Persor	1
	The Circle GDFO Inc.		
	7900 Oak Lane, Suite 400	Firm/ Company	
	·	Address	
	Miami Lakes, FL 33016		
		City/ State and Zip Code	3
jgou	bert@thecirclebeyond.com		
	E-mail address: (to be us	ed for future annual report	notification)
For further information	n concerning this matter, pleas	e calt:	
Marc Duthoit		954 at (328 5068
Name	of Contact Person	Area Co	dc & Daytime Telephone Number
Enclosed is a check for	or the following amount made p	payable to the Florida Depa	rtment of State:
	· ···· · · · · · · · · · · · · · · · ·	,	
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	■\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ma	iling Address	Street	Address
Amendment Section		Amendment Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327 Clifton Building			
Tallahassee, FL 32314		2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

The Circle GDFO Inc.				
P19000011306	of Corporation as curre	ently filed with the Flori	da Dept. of State)	
	(Document Numbe	er of Corporation (if know	n)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, tl	nis <i>Florida Profit Corpor</i>	ation adopts the following	; amendment(s) t
A. If amending name, enter the new na N/A	ime of the corporation:			The new
name must be distinguishable and come "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associate. B. Enter new principal office address, (Principal office address MUST BE A S.	ation "Corp," "Inc." o tion," or the abbreviatio If applicable;	r "Co". A professional		breviation
C. Enter new mailing address, if appli (Mailing address MAY BE A POST (N/A	ALC:	SECHETA
D. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent			the name of the	2 AM 10: #2
New Registered Office Address:	(Florida N/A	street address) (City)	Florida(Zip C	ode)
New Registered Agent's Signature, if cl I hereby accept the appointment as regista	nanging Registered Age ered agent. I am familia	ent: ar with and accept the obt	ligations of the position.	
	Signature of Nev	w Registered Agent, if cha	nging	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President: V= Vice President; T= Treasurer: S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One) X 1) Change _ Add	Title D	Name REMY-NERIS LEVEQUE, GAEL	Address 14 RUE DE LA CHAPIELLE LA ROCHE DER LA ROCHE 22450 FR
Remove 2) Change	D	SANCHEZ, JEAN-MICHEL	ZAC DU PORCHE 18340 PLAIMPIED-GIVAUDINS
Add Remove 3) Change Add			FRANCE 19 HOV 22
Remove 4) Change Add Remove			Frond A
5) Change Add Remove		<u> </u>	
6) Change Add Remove			

(Attach additional sheets, if necessary). (Be specific)		
N/A		
		
	 	
	19 SEC	
	WOV 22 HASSET	-
	V2 VSS	1
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	1,425	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	AMIO: OH STAI	
N/A	65 6	D
	10 E 2	

date this document was signed. N/A	on:	if other	than the
Effective date if applicable:			
	(no more than 90 days after amendment file date)		
Note: If the date inserted in this block document's effective date on the Departm	does not meet the applicable statutory filing requirements, this date will no tent of State's records.	t be liste	ed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adopted by the shareholders was/were sufficie	by the shareholders. The number of votes cast for the amendment(s) nt for approval.		
	by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):		
"The number of votes cast for th	e amendment(s) was/were sufficient for approval		
by			
	(voting group)		
☐ The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder	19 NOV	П
☐ The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder	22 A	
		1 0	Ö
Dated		VH 10: #5	
(By a directo	president or other officer - if directors or officers have not been		
selected, by a	an incorporator—if in the hands of a receiver, trustee, or other court duciary by that fiduciary)		
- · · · · · · · · · · · · · · · · · · ·	c Duthoit		
	(Typed or printed name of person signing)		
Chie	f Executive Officer		
	(Title of person signing)		