## 719000011306

(Requesto	r's Name)
(Address)	
(Address)	
(City/State	/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documen	t Number)
Certified Copies	Certificates of Status
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C. BRUMBLEY
JUN 2 3 2022

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	The Circle GDFO I	ne	
DOCUMENT NUM	P19000011306		
The enclosed Article	es of Amendment and fee are su	bmitted for tiling.	
Please return all corr	respondence concerning this ma	tter to the following:	
	Justine Goubert		
	The Circle GDFO Inc	Name of Contact Person	n.
	12555 Orange Drive, Site 49%	Firm/ Company	<u> </u>
	Davie FL 33330	Address	· · · · · · · · · · · · · · · · · · ·
		City/ State and Zip Cod	c
	jgoubert@thecircle-gdfo.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informat	ion concerning this matter, pleas	se call:	
Justine Goubert		954 at (	681 7128
Nam	e of Contact Person		de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Dep	artment of State:
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
A D	mendment Section ivision of Corporations O. Box 6327	Amen. Divisio	Address Iment Section on of Corporations Centre of Tallahassee

2415 N. Monroe Street, Suite 810 Tailahassee, FL 32303

## Articles of Amendment to

Articles of Incorporation

A CHANGE WE WANTED	ration as currently filed with the Florida Dept, of State)	
(Do	ocument Number of Corporation (if known)	
Pursuant to the provisions of section 607, 1006, Flo ts Articles of Incorporation:	orida Statutes, this Florida Profit Corporation adopts the following amen-	dment(s) to
A. If amending name, enter the new name of th	e cornoration;	
	The	
Principal office address <u>MUST BE A STREET</u>	ADDRESS )	_
		20
		122 H
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX</u> )	_ ==
		_ 2
). If amending the registered agent and/or reg	istered office address in Florida, enter the name of the	~;-
new registered agent and/or the new registe	red office address:	6 1
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	, Florida	
	(City) (Zip Code)	
	Dagistamid Accepts	
New Registered Agent's Signature, if changing	nt. I am familiar with and accept the obligations of the position.	

## Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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;  $\tilde{V} = Vice\ President$ ;  $\tilde{T} = Treasurer$ ; 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	M	John Do	£	
X Remove	<u>Y</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>oith</u>	
Type of Action	Title		Name	Address
(Check One)	BC47D MEMBER	•	DAVID RICKLIN	12555 Orange Drive
l)Change		_		Suite 4999
Add X Remove				Davie, FL. 33330
2) Change				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
				<del></del>
Remove				
5)Change				
Add				
Remove				
δ) Change		_		
Add				
_ Remove				

	icles, enter change(s) here: (Be specific)
<del> </del>	
	· · · · · · · · · · · · · · · · · · ·
If an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself:
(д посиррисави, пинсан №.4)	
(д пот иррисион, тансан №.4)	
(9 пот иррисион, ниисите 1974)	
(у посирунскоге, тансале 187.4)	
(у посиррисавие, таксаве МА)	
(у пог иррисаюн, тансан №А)	

The date of each amendment(s) addate this document was signed.	option:	, if other than the
_		
Effective date <u>if applicable</u> :	(no more than 90 days after amen	lment file date)
Note: If the date inserted in this bl document's effective date on the De		ng requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors	without shareholder action and shareholder
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes licient for approval.	cast for the amendment(s)
	roved by the shareholders through voting group each voting group entitled to vote separately or	
"The number of votes cast	or the amendment(s) was/were sufficient for a	pproval
by		"
	(voting group)	
APRIL 08,	2022	
Dated		
(By a di selected	ector, president or other officer - if directors o , by an incorporator - if in the hands of a receiv	r officers have not been
appoint	ed fiduciary by that fiduciary)	er, trustee, or other court
	WERNER FULS	
	(Typed or printed name of person signature)	(Ging)
	Shareholder representative	
·	(Title of person signing)	