L09000077160

Office Use Only



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SECRETARY OF STATE
SECRETARY OF STATE



COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJI	ЕСТ:	Teamwork Ag Name of Limi	ency, LLC ted Liability Company	
The en	closed Articles of A	Amendment and fee(s) are sub		
Please	return all correspor	ndence concerning this matter	to the following:	
		Mark C. Katz	ef Name of Person	
Mark C. Katzef,				FALLS SET TO
		2000 N F 10	Firm/Company	EC 28
		2999 N.E. 19	Address	FILE PH 1:00 09 DEC 28 PH 1:00 SECRETARY OF STATE FALLAHASSEE. FLORID
Aventura, FL 33180 City/State and Zip Code			- ORIGE	
		salomonnash@ E-mail address: (1	atlanticbb.net to be used for future annual report notifica	tion)
For fur	ther information co	oncerning this matter, please c	all:	
Mark C. Katzef Name of Person			at (305) 931-9303 Area Code & Daytime T	elephone Number
Enclos	ed is a check for th	e following amount:		
\$25	5.00 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)
		NG ADDRESS:	STREET/COURIER Registration Section	R ADDRESS:

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TEAMWORK AGENCY, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on August 11, 2009 Florida document number <u>L0900077160</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the 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 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 608, 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

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Gusta Nash	9559 Collins Ave., #909 Surfside, FL 33154	Add Remove
MGRM	Ruben Minski	9559 Collins Ave., #909 Surfside, FL 33154	Add Remove
MGRM	Teamwork Agency Corp., a Panamanian corp.	Calle 50 y Calle Juan Ramon Poll Edificio Private Asset Mgt. 3 Piso Panama, Panama	Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amer	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
Dated	December 17 , 2009		l: 00
	Luston Gorgman de Mash Signature of a member o	r authorized representative of a member	 .
	Gusta Nash Typed or	Ruben Minski	
	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , ,	

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Filing Fee: \$25.00