

L16000011489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

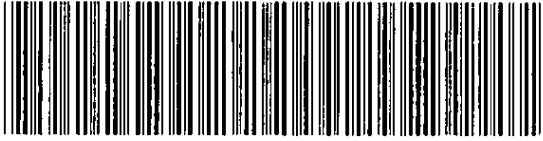
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

VW

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MEDTEAM FORCE LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

YVETTE PINSON  
Name of Person  
*MEDTEAM FORCE LLC*  
Firm/Company  
70 GARDENIA ST.  
Address  
City/State and Zip Code  
CLEARWATER, FLORIDA, 33767  
E-mail address: (to be used for future annual report notification)  
*medteamforce@gmail.com*

For further information concerning this matter, please call:

YVETTE PINSON at (813) 786-7286  
Name of Person Area Code Daytime 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:  
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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

MEADTEAM FORCE 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 01/15/2016 and assigned Florida document number L16000011489.

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 contain 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)

70 GARDENIA ST

CLEARWATER, FL 33767

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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**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:

ELDER LUNA SANTOS DE OLIVEIRA

New Registered Office Address:

70 GARDENIA ST

*Enter Florida street address*

CLEARWATER

*City*

Florida

33767

*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.*

Elder Luna Santos de Oliveira  
If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	<u>Type of Action</u>
MNG	ELDER LUNA SANTOS DE OLIV	70 GARDENIA ST	<input checked="" type="checkbox"/> Add
		CLEARWATER, FL. 33767	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MNG	YVETTE PINSON	70 GARDENIA ST	<input type="checkbox"/> Add
		CLEARWATER, FL. 33767	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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