## L18000007455

(Re	equestor's Name)	
(Ac	ddress)	·
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	o #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

HARRIS

## COVER LETTER ·

то:	Registration Se Division of Cor			
SUBJE	Hyte Team	LLC		
CODE	···	Name of Lin	nited Liability Company	
			•	
		Name of Limited Liability Company  mendment and fee(s) are submitted for filing.  dence concerning this matter to the following:  Susan Hyte  Name of Person  Hyte Team, LLC  Firm/Company  4720 Kane PL  Address  Jupiter, FL 33458  City/State and Zip Code  SusanGarvy@gmail.com  E-mail address: (to be used for future annual report notification)  cerning this matter, please call:  at (		
			Name of Person	
		Hyte Team, LLC		
			Firm/Company	<del></del>
		4720 Kane PL		
			Address	<del></del>
		Jupiter, FL 33458		
			City/State and Zip Code	
			to be used for future annual report notif	ication)
For furti	her information co		·	(Callon)
Susan H	lyte		561 543-8831	
	Name of	l'Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	e following amount:		
\$25.	.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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



May 1, 2018

SUSAN HYTE 4720 KANE PL JUPITER, FL 33458

SUBJECT: THE HYTE TEAM, LLC Ref. Number: L18000007455

We have received your document for THE HYTE TEAM, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Page 2 is missing.

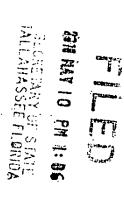
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 318A00008946





## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HyteTeam LLC		
( <u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company w	ere filed on 01/01/2018	and assigned
Florida document number L18000007455		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabili	ty company here:	
usan Hyte LLC		
he new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	·	<b>∑</b> 00 <b>2</b>
		<b>3 3 3 3</b>
•		]
		SS 5
nter new mailing address, if applicable:		10 10 10 10 10 10 10 10 10 10 10 10 10 1
failing address MAY BE A POST OFFICE BOX)		- R 11
		27.7
-		
If amending the registered agent and/or registered office gistered agent and/or the new registered office address here:  Name of New Registered Agent:	ce address on our records, <u>ente</u>	r the name of the n
New Registered Office Address:	Enter Elevida J.	
·	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 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 **Title** Name **Address Type of Action** □ Add \_□ Remove □ Change □ Add □ Remove □ Change □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change \_□ Add ☐ Remove

Effective date, if other than the date of filing:  1	· · · · · · · · · · · · · · · · · · ·	ion, enter change(s) here: (Attach additional sheet	
Effective date, if other than the date of filing:  fan effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste locument's effective date on the Department of State's records.  The 90th day after the record is filed.  Sustant April 25  2018  Susan Garvy Hyte  Typed or printed name of signee  Typed or printed name of signee			
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Filing Fee: \$25.00