

7/27/2019

Division of Corporations

L 18000134367

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : SCOTT M. GOLDBERG, PLLC
Account Number : I20080000012
Phone : (407)210-6588
Fax Number : (866)781-4433

FILED
19 JUL 22 PM 11:32
STATE OF FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: isabelle@iteam-usa.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ITEAM-USA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

19 JUL 22 PM 11:32

Electronic Filing Menu Corporate Filing Menu Help

COVER LETTER

**TO: Registration Section
Division of Corporations**

ITEAM-USA, LLC

SUBJECT: _____
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

ISABELLE CHAUFFETON SAAVEDRA

Name of Person

ITEAM-USA, LLC

Firm/Company

9831 NOKAY DRIVE

Address

ORLANDO, FL 32836

City/State and Zip Code

isabelle@iteam-usa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SCOTT M. GOLDBERG, ESQ.

407

210-6588

Name of Person at (_____) 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 19 JUL 22 PM 11:32 TALLAHASSEE, FLORIDA

ITEAM-USA, 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 05/30/2018 and assigned Florida document number L18000134367

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: 9831 NOKAY DRIVE (Principal office address MUST BE A STREET ADDRESS) ORLANDO, FL 32836

Enter new mailing address, if applicable: 9831 NOKAY DRIVE (Mailing address MAY BE A POST OFFICE BOX) ORLANDO, FL 32836

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

City, Florida 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
M	NICOLAS BIGOSINSKI	704 COACHLIGHT DRIVE	<input type="checkbox"/> Add
		FERN PARK, FL 32730	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

JUL 22 11:33 AM
 TAMPA, FLORIDA
 FILED

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Lined area for amending information, currently blank.

TALLAHASSEE FEDERATED

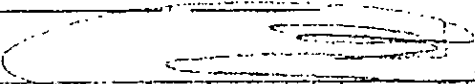
19 JUL 22 PM 11:37

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E. Effective date, if other than the date of filing: _____ (optional)
(If an 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 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated July 22 2019



Signature of a member or authorized representative of a Member

ISABELLE CHAUFFETON SAAVEDRA, Manager

Typed or printed name of signer