

**L210007024**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000295575 3)))



H210002955753ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : SOUSA & ASSOCIATES INC  
Account Number : I20190000111  
Phone : (407)800-7028  
Fax Number : (407)992-9407

FILED  
2021 AUG 12 AM 9:19  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, 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: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
TEAM OUTLET STORE LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

2021 AUG 12 PM 4:19

COVER LETTER

TO: Registration Section  
Division of Corporations

H21000295575 3

SUBJECT: TEAM OUTLET STORE LLC  
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:

Maria C Sousa  
Name of Person  
Sousa & Associates Inc  
Firm/Company  
5728 Major Blvd Ste 309  
Address  
Orlando Florida 32819  
City/State and Zip Code  
info@sousanassociates.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria C Sousa  
Name of Person at (407) 800-7028  
Area Code Daytime Telephone Number

H21000295575 3

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

H21000295575 3

TEAM OUTLET STORE 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 04/13/2021 and assigned  
Florida document number L21000170224

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED  
2021 AUG 12 AM 9:18  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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

\_\_\_\_\_, 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

H21000295575 3

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

H2L0002955753

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Thiago Jorge Figueira Borges	15569 S APOPKA VINELAND RD ORLANDO	<input checked="" type="checkbox"/> Add
		FL 32821	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

H2L0002955753

H21 0002955753

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

Multiple horizontal lines for amending information.

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 28, 2021

Handwritten signature of Heitor Nunes Bover

Signature of a member or authorized representative of a member

Heitor Nunes Bover

Typed or printed name of signee

FILED
AUG 12 AM 9:19
STATE OF FLORIDA
TALLAHASSEE

H21 0002955753