3/2/2024 11:00 AM Division of Corporations

L21000309715

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H24000083754 3)))

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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

From:
Account Name : TAXPLUS FINANCIAL SERVICES CORP
Account Number : I20230000108
Phone : (786)464-9978
Fax Number : (305)675-6158

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

Email Address: mleonseguros@gmail.com

2024 MAR -4 AM 8:50
RECEIVED

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TEAM SYNERGY, LLC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	$25.00

K. SALY

MAR - 5 2024

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COVER LETTER

(((H24000083754 3)))

TO: Registration Section
Division of Corporations

SUBJECT: TEAM SYNERGY, 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:

MIRTHA LEON
Name of Person

Firm/Company

11601 NW 89TH ST APT 211
Address

DORAL, FL 33178
City/State and Zip Code

mleonseguros@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MIRTHA LEON at (630) 291-3861
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

(((H24000083754 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TEAM SYNERGY, LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned Florida document number L21000309715.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

TEAM SYNERGY LLC

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) _____

_____

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

. **If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:**

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MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
D	SEBASTIAN A LOPEZ LEON	11601 NW 89TH ST	■Add
		APT 211	☐Remove
		DORAL, FL 33178	☐Change
D	GERARDO A LOPEZ LEON	11601 NW 89TH ST	■Add
		APT 211	☐Remove
		DORAL, FL 33178	☐Change
MGR	MIRTHA M LEON	11601 NW 89TH ST APT. 211	☐Add
		DORAL, FL 33178	■Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change

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

ARTICLE - Any Other Provision(s) - Optional (Purpose, Statements, etc.)

Purpose - Any and all lawful business.

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TALLAHASSEE, FLORIDA

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 03/01/2024

Mirtha Mayira Leon

Signature of a member or authorized representative of a member

MIRTHA LEON

Typed or printed name of signee

Filing Fee: $25.00