## 

(Requestor's Name)	
(Address)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	 
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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## **COVER LETTER**

TO:	Registration Se Division of Cor					
418 585 5914		TEAL COMPANY				
SUBJEC	L1:	Name of Lim	ited Liability Company			
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	cturn all correspo	ondence concerning this matter	to the following:			
		Adrian Gayle				
			Name of Person			
		AYDIRE TEAL COMPAN	ΙΥ			
			Firm/Company			
		101 me	adows circle apt 101			
			Address			
		Воу	nton beach FL 33436			
		Adria	City/State and Zip Code		a. 61	
			to be used for future annual report notifica	tion)	1801 H	
For furtl	ner information c	oncerning this matter, please ca	all:		1.24 2.75 4.44	
	Adrian Ga	yle	at (561 5744210		្រំ . មា	- -
	Name o	f Person	Area Code Daytime To	elephone Number	PR 2: 1	
Enclose	d is a check for th	ne following amount:				
□ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Certificate of Certified Co (additional cop	of Status &	
	Mailing Addres Registration 5		<u>Street Address:</u> Registration Section	on		
	Division of C		Division of Corno			

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

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

AYDIRE TEAL COMPANY		
(Name of the Limited Liability C (A Florida Lin	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com L21000479558 Florida document number	pany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited</u> AYDIRE TEAL COMPANY LLC	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable:		143 143
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of	ffice addrace on our recards enter the r	7
agent and/or the new registered office address here:	ance address on our records, <u>enter the r</u>	2: T
Name of New Registered Agent:	<del></del>	
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	Zin 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Ceo	Adrian Gayle	101 meadows circle apt 101 boynton beach FL 33436	□Add
			□Remove
MGR	Adrian Gayle	101 meadows circle apt 101 boynton beach FL 33436	<b>Z</b> )Add
			□Remove
			□Change
			□Add
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			Fichers

If amending any other information, enter change(s) here: (Attach additional sheets,	if necessary.)
	_
<del></del>	
	(untional)
Effective date, if other than the date of filing:	(Optivital) (5)
fan effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 da Note: If the date inserted in this block does not meet the applicable statutory filing requirement	eys after filing.) Pursuant to 605,020
locument's effective date on the Department of State's records.	——————————————————————————————————————
	· · · · · · · · · · · · · · · · · · ·
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie of is filed.	rof: (b) The 90th day after th
11/15/2021 Dated	
Adrian Gayle	
Signature of a member or authorized representative of a member	
Adrian Gayle	
Typed or printed name of signee	

Filing Fee: \$25.00