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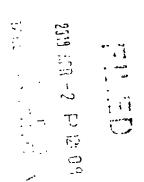
(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
		<u> </u>
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporation				
SUBJE	ECT:	9 4 C Name of Limite	Team LLC d Liability Company		
The en	closed Articles of An	nendment and fee(s) are subm	nitted for filing.		
Please	return all correspond	ence concerning this matter to	o the following:		
		Jose	Name of Person		
		9	4 c Team LCC Firm/Company	<u>-</u>	
		17707/	VW Miumi Ct	#101	
		Miami Joefea E-mail address: (to	FC 33(60) City/State and Zip Code M Bel/South. be used for future annual report notification	Net :	
For fu	rther information con	cerning this matter, please ca	II:	د	i ; []
	Jose Name of P	PRREZ	at (<u>305</u> 690-9 Area Code & Daytime Te	lephone Number	י כי
Enclo	sed is a check for the	following amount:			
⊡ -\$2	5.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	scd)

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

94c7	Team LLC	
(<u>Name of the Limited Liat</u> (A Flor	bility Company as it now appears ida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liabili) 5 - 14 - 15 and assigned
This amendment is submitted to amend the followin	g:	
A. If amending name, enter the new name of the	limited liability company here	:
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compan	y," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET AI	DDRESS)	
		و المار
Enter new mailing address, if applicable:		2.3
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	1 :
	 	in the second second
B. If amending the registered agent and/or re	egistered office address on or	ir records, enter the name of the new
registered agent and/or the new registered office	address here:	. O
Name of New Registered Agent:	<u></u>	
New Registered Office Address:		
	Ente	er 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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
ARM	Marcela ORozco	17707 NW Miami	Ct. 4 LAdd
		Miami, FC 331	69 Remove
			Add
			Remove
			Add
		<u> </u>	Remove
			Add:
			Remove
			
			Remove
			Add
			Kemove

). If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
_	
-	
Oated	03-20, 2018.
	Signature of a member or authorized representative of a member Typed or printed name of signee
	Typed or printed name of signee Page 3 of 3

Filing Fee: \$25.00