

LD000049753

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

07 AUG - 7 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TEAM WILLS, 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:

ANGELA WILLS

(Name of Person)

TEAM WILLS, LLC

(Firm/Company)

860 Eagle View Drive

(Address)

Tallahassee, FL 32311

(City/State and Zip Code)

For further information concerning this matter, please call:

ANGELA WILLS

(Name of Person)

at (850) 668-5863

(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

TEAM WELLS, LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on _____ and assigned
document number _____.

SECOND: This amendment is submitted to amend the following:

I Angela Wells would like to delete
DARRELL WELLS AS MANAGER. I WOULD ALSO
LIKE TO AMEND TO CHANGE THE REGISTERED
AGENT TO MYSELF.

I, ANGELA WELLS, ACKNOWLEDGE AND ACCEPT
THE RESPONSIBILITY AS REGISTERED AGENT



Dated August 7th, 2007



Signature of a member or authorized representative of a member

ANGELA WELLS

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 AUG - 7 PM 1:22

FILED