

LD8000006103

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

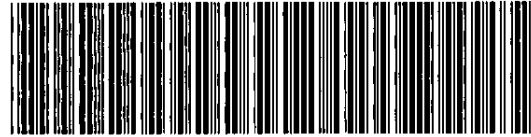
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

JUL 26 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Team Labor, 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:

Christopher Cockerell
Name of Person

Team Labor, LLC
Firm/Company

111-D SW 23rd ST.
Address

Fort Lauderdale, FL 33315
City/State and Zip Code

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

For further information concerning this matter, please call:

Christopher Cockerell at (954) 914-8704
Name of Person Area Code & Daytime Telephone Number

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 Labor, 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 11/7/2008 and assigned Florida document number L08000006103.

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 end with 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)

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CLERK OF STATE
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:

Christopher Cockerell

New Registered Office Address:

111-D SW 23rd St.

Enter Florida street address

Fort Lauderdale

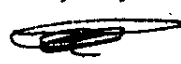
City

Florida 33315

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 Changing Registered Agent, Signature of New Registered Agent

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Christopher Cockerell	111-D SW 23rd ST. FORT LAUDERDALE, FL 33315	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Christopher Cockerell	111-D SW 23rd ST. FORT LAUDERDALE, FL 33315	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Christian Panagakos	111-D SW 23rd ST. FORT LAUDERDALE, FL 33315	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
S	Christopher Cockerell	111-D SW 23rd ST. FORT LAUDERDALE, FL 33315	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
T	Ana Raque	111-D SW 23rd ST. FORT LAUDERDALE, FL 33315	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated July 19th, 2011.

Signature of a member or authorized representative of a member

Christopher Cockerell

Typed or printed name of signee

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CLERK OF STATE
TALLAHASSEE, FLORIDA