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(Requestor's Name)				
(Address)				
. (Address)				
(Manager)				
(City/State/Zip/Phone #)				
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(Business Entity Name)				
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SEGRETARY OF STATE
AND AHASSEE, FLORID

D. BRUCE

AUG 28 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: The Fellows Team LLC (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Anthony Fellows (Contact Person)
The Fellows Team LLC (Firm/Company) 12 Dogwood Rd SECRETARY SE
(Address)
Hollywood FL 33021 (City/State and Zip Code) (Address) (City/State and Zip Code)
For further information concerning this matter, please call:
An thony Fellows at (954) 605-1321 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$ Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The rellows 1	eam LLC		
(<u>Name of the Limited Liability (</u> (A Florida Lin	Company as it now appears on our recormited Liability Company)	<u>'ds.</u>)	
The Articles of Organization for this Limited Liability Con	mpany were filed on May 27	200 7 and assigned	
Florida document number <u>LO 800005280</u>	¥/	und doorgined	
Florida document number 2000000 Lato	4		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company here:		
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Company," the design	nation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		-	
(Principal office address MUST BE A STREET ADDRE	<u> </u>	ALI 08	
		AF C	
		AS 2	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		LORIG	
		25	
B. If amending the registered agent and/or registered agent and/or the new registered office addre		enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	(Enter Florida street address)		
<u></u> .		rida	
	(City)	(Zip Code)	
Manufacture and a second of the second of th			

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 = M	lanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>MbRM</u>	NIVA BOTKNECHT	12 Dogwood Rd Hollywood FC 23021	Add Remove
MERM	LIAM Fellows	12 Dogwood Rd Hollywood FC 33071	Add Remove
nfrm	Maya Fellows	12 Dogwood Rd Hollyward Fe 33021	Add Remove
MERM	MATAN Fellows	12 Dogwood Rd Hylywood Fe 77021	Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	
			OR AUG :
<u></u>			27 PH 12: 29 ARY OF STATE ASSEE, FLORIDA
Dated	August 25, 200	· <u>8</u> .	29 ATE IRIDA
	Anat	type.	<u> </u>
	Signature of a member ANTHONY FELL	for authorized representative of a member	
	Typed	or printed name of signee	····

Page 2 of 2

Filing Fee: \$25.00