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SECRETARY OF STATE

M. THOMAS

JUL 2 3 2009

EXAMINER

COVER LETTER

	ion Section of Corporations	
SUBJECT:	TEAM Cream Delray LLC Name of Limited Liability Company	
The enclosed Art	cles of Amendment and fee(s) are submitted for filing.	
Please return all	prrespondence concerning this matter to the following:	
	J.P. D. Misa Name of Person	THE TANK
	TEAM Cream Delray, LLC FOR TO TEMPORARY TO THE TOTAL T	
	1030 S. Federal Hwy. Suite 1000 F. Address	KO
	Address Delray Beach FL 33483 City/State and Zip Code	
	E-mail address: (to be used to future annual report notification)	
For further inform	ation concerning this matter, please call:	
	P. D; Wisc at (561) (654 - 5425 Name of Person Area Code & Daytime Telephone Number	
Enclosed is a che	k for the following amount:	
\$25.00 Filing	Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Solution Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
	CTREET/COURIED ADDRESS.	

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

Leam Cream	DELTOY, LLC.		
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on imited Liability Company)	our records.	
The Articles of Organization for this Limited Liability Co Florida document number		$\frac{12/08}{}$ and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company here:		
The new name must be distinguishable and end with the word "L.L.C."	s "Limited Liability Company,"	the designation "LLC" the abbreviation	
Enter new principal offices address, if applicable:		至	
(Principal office address MUST BE A STREET ADDRE	ESS)	SSR 22	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		OF STATE A CE, FLORIDA	
B. If amending the registered agent and/or registered agent and/or the new registered office addresses		records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Entor F	Florida street address	
	City	, Florida 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

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member <u>Title</u> <u>Name</u> <u>Address</u> **Type of Action** MGRM DMK Contracting and Consulting Inc ☐ Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) KEDHY Investment Inc Dated_ Signature of a member or authorized representative of a member Typed or printed name of signee

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Page 2 of 2

Filing Fee: \$25.00