LD900004865

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EXAMINER



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SECRETARY OF STATE DIVISION OF CORPORATION

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJI				
2020			E DEFENSE TEAM, LLC ited Liability Company	
The en	closed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspor	ndence concerning this matter	to the following:	
Cecilia M. Olavarria				
			Name of Person	
Firm/Company				
5805 Blue Lagoon Drive Suite 145				
Address				
Miami, FL 33126				
City/State and Zip Code				
	Cecilia@olavarrialaw.com E-mail address: (to be used for future annual report notification)			ation)
For fur	ther information co	ncerning this matter, please c	•	2.10.11
	Ceci	lia Olavarria	at (305) 2	267-4470
Name of Person		Person	Area Code & Daytime Telephone Number	
Enclose	ed is a check for the	e following amount:		
∏\$2 5	.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

FORECLOSURE DEFENSE TEAM, LLC

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(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 01/15/2009 and assigned L090000004865 Florida document number 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) 5805 Blue Lagoon Drive #145 Miami, FL 33126 Enter new mailing address, if applicable: 5805 Blue Lagoon Drive #145 (Mailing address MAY BE A POST OFFICE BOX) Miami, FL 33126 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: New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida

Zip Code

Dated

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 Title Title Name <u>Address</u> Type of Action Mgr Gisela Valcarcel ☐ Add ☑ Remove 2475 NW 95th Ave., Ste 5 Doral FL 33172 Mgr Cecilia M Olevarria PLEASE CHANGE ADDRESS TO: ✓ Add 5805 Blue Lanoon Drive #145 Miami, EL 33126 Remove ☐ Add Remove Add Remove ∏Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) None

Typed or printed name of signee

Filing Fee: \$25.00

Signature of a member or authorized representative of a member