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SECRETARY OF STATE

C. LEWIS

SEP 2 1 009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Team Verma Central Florida 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:
Name of Person
Cerm Veners Sirm/Company Le Tomoka Place Address
le Tonoka Place Address
Summer Reld F1 34491 City/State and Zip Code
Teamveners & Qmail, (cm E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Chris Swor at (352) 267 - 5579 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee \$\ \text{Certified Copy}\$\$ (additional copy is enclosed) \$\ \text{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

FILED

2009 SEP 18 PM 1 53

Team Venna Central F (Name of the Limited Liability Cor (A Florida Limit	npany as it now appeated Liability Company)	C S	ECRETARY OF STATE LLAHASSEE. FLORIDA
The Articles of Organization for this Limited Liability Comp	oany were filed on	Suly 28th, 20	and assigned
This amendment is submitted to amend the following:			
Team Venerau LLC The new name must be distinguishable and end with the words "I"L.L.C."			1 "LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		our records, ente	r the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	E	nter Florida street d	address
	<u></u>	, Florida	7: 0 1
	City		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> **Address** Type of Action ☐ Add Remove ☐ Add Remove ☐ Add . Remove Add Remove □Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated September 16th 2009. Signature of a member or authorized representative of a member Typed or printed name of signee

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Filing Fee: \$25.00