

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC. T20010000062

Account Number: Phone

(323) 962-8600 Fax Number (323)962-3889

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Email	Address:		

LLCAMND/RESTATE/CORRECTORM/MGRESIGN TEAMREPCO LLC

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C. LEWIS FEB 1 1 2010

EXAMINER

*Electronic Filing Menu

Corporate Filing Menu

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FAX COVER SHEET

то	,	
COMPANY		
FAX NUMBER	18506176383	
FROM	Barbara Dang	
DATE	2/10/2010 12:33:41 PM PST	
RE	Amendment Filing	

COVER MESSAGE

Lz order # 7530726

Thank you!

Page 1 of 5

COVER LETTER

	egistration Se ivision of Cor			
SUBJECT	, TEAMRE	EPCO LLC		
	-		nited Liability Company)	
		Amendment and fee(s) are su	_	
Please retur	m all correspo	ndence concerning this matte	r to the following:	
		Tony Burroughs		
		•	(Name of Person)	AND THE REAL PROPERTY OF THE PERSON NAMED IN COLUMN TO THE PERSON
		Legalzoom.com, Inc	3.	
			(Firm/Company)	
		7083 Hollywood Blv	d., Suite 180	
			(Address)	
		Los Angeles, CA 9	0028	
			(City/State and Zip Code)	
For further	information co	oncerning this matter, please o	call:	,
Tony Burroughs at (323) 962-8600				
	(Name o	f Person)	(Area Code & Daytime	Telephone Number)
Enclosed is	a check for th	e following amount:		
□\$25.00 F	iling Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

FILED

2010 FEB 10 AM 10: 04

SECRETARY OF STATE TALLAHASSEE. FLORIDA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TEAMREPCO LLC (Name of the Limited Liabilli	ty Company as it now appears on our recor	ds.)
(A Florida	iy Company as it now appears on our recor Limited Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability	Company were filed on 11/03/2009	and assigned
Florida document number <u>L09000106059</u>	_ _ ·	•
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
HT Specialty Group LLC		
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company," the designate	ation "LLC" or the abbreviation
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, <u>s</u> dress here:	inter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida street address)	
	, Florida	
	(City)	(Zip Code)
New Registered Agent's Signature. If changing Registers	ed Agent:	
I hereby accept the appointment as registered agent the provisions of all statutes relative to the proper a accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change.	nd complete performance of my duties, o gent as provided for in Chapter 608, F.s ed office address, I hereby confirm that	and I am familiar with and S. Or, if this document is
	(If Changing Registered Agent, Signature of	New Registered Agent)

MGR ≈ Manager

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:

MGRA	1 = Managing Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
•			Add Remove
D. If a	mending any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	
	Article II. The street address of the p	orincipal office and the mailing address of	_
	the LLC shall be: 110 Wetta Lane #	203, North Palm Beach, FL 33408	-
	Article V. The address of the manag	ing members shall be:	
	110 Wetta Lane # 203, North Palm B	leach, FL 33408	ZIII FEB
Dated _	2/5, 2010		語る「
	Signature of a member	authorized representative of a member	FLORIS BY
	Typed	or printed name of signee	음을 모
		Page 7 of 2	<i>1</i> -

Filing Fee: \$25.00