## 1860/000001

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EXAMINER



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SECRETARY OF STATE
ALLAHASSEF FLATE

## **COVER LETTER**

TO:	Registration Sect Division of Corpo		•	
SUBJE	CT:	Team C	ar Warz, LLC.	
		Name of Limit	ed Liability Company	<del></del>
The end	closed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please	return all correspond	lence concerning this matter	to the following:	
			Kevin Orzel	· · · · · · · · · · · · · · · · · · ·
			Name of Person	
		Te	eam Car Warz, LLC.	······
			Firm/Company	
		•	7262 Hwy 531 N.E.	
			Address	
		C	Old Town, FL 32680	
			City/State and Zip Code	<del></del>
		k	vnorzel@gmail.com	<del> </del>
		· ·	be used for future annual report notifica	tion)
For fur	ther information cor	cerning this matter, please ca	dl:	
<del> ,, .</del>		vin Orzel	ut	32-6350
	Name of F	erson	Area Code & Daytime 1	elephone Number
Enclose	ed is a check for the	following amount:		
<b>\$2</b> 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

	_Team Car \	Warz, LLC		
(Name of the Limite	d Liability Compa A Florida Limited I	ny as it now appear Liability Company)	s on our records.)	
The Articles of Organization for this Limited 1	were filed on	1/26/10	and assigned	
Florida document number L1000001	0381			
This amendment is submitted to amend the fol	llowing:			
A. If amending name, enter the new name	of the limited liab	oility company her	<u>e</u> :	
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Compa	ny," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicable:		7262 Hwy 35	1 N.E.	
(Principal office address MUST BE A STREET ADDRESS)		Old Town, FL	32680	
				<u> </u>
Enter new mailing address, if applicable:		7262 Hwy 351 N.E.		SE N
(Mailing address MAY BE A POST OFFICE BOX)		Old Town, FL	32680	
				7 5 D
				) 17 17 17 17 17 17 17 17 17 17 17 17 17
B. If amending the registered agent and registered agent and/or the new registered of	/or registered of	ffice address on o	ur records, enter t	the name of the new
registered agent and/or the new registered to	MIRCE AUGITESS HEL	<u>v</u> .		
Name of New Registered Agent:	Kevin Orze	<u> </u>		
New Registered Office Address:	7262 Hwy 3	351 N.E		
		Enter Florida street address		
		Old Town	, Florida	32680
		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>	<u>Address</u>	Type of Action
MGRM	Donald Nerone	2383 NE 592 Street Old Town, FL 32680	Add Remove
<u>MGRM</u>	Steven Orzel	7262 Hwy 351 N.E Old Town, FL 32680	Add ☐ Remove
			Add Remove
			Add Remove
			Add Remove
<del></del>			Add Remove
D. If amend	ing any other information, enter ch	nange(s) here: (Attach additional sheets, if necessary.)	<del>_</del>
			_
			<del>-</del>
Dated	Signature of a mer	i Ozo /	
	, and the second	Kevin Orzel Agent	
•	T	ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00