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(Requestor's Name)				
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(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
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Certified Copies	_ Certificates	s of Status		
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2012 HAY -7 PM 3: 31
SECRETARY OF STATE

J. BRYAN

MAY - 9 2012

EXAMINER

COVER LETTER

Division of	on Section f Corporations	" _{4×} .		
SUBJECT:	Team	Pelfrey, LLC		
	Name of Lim	ited Liability Company		
The enclosed Article	es of Amendment and fee(s) are su	abmitted for filing.		
Please return all cor	respondence concerning this matte	er to the following:		
		Lauren Sullivan		
		Name of Person		
		Team Pelfrey		
		Firm/Company	· · · · · · · · · · · · · · · · · · ·	
	1300	0 Automobile Blvd, Ste 100	A	2012
Address Clearwater, FL 33762			前三丁	
		کر نن ســــــــــــــــــــــــــــــــــ	TILED 2012 MAY -7 PM 3: 34 SEPRETABLY OF STATE	
		City/State and Zip Code		
Isullivan@team-p		livan@team-pelfrey.com (to be used for future annual report notifica	tion) S	တ္တြင္း
For further informat	tion concerning this matter, please		illon,	₩ 3 +
	Lauren Sullivan	at (727) 3	29-8860	_
N	ame of Person	at (727) 3. Area Code & Daytime 1	Telephone Number	
Enclosed is a check	for the following amount:			
\$25.00 Filing Fe	ce \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fe Certificate of S Certified Copy (additional cop	Status &

MAILING ADDRESS:

TO:

Registration Section

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 Pel	frey, LLC		· · · · · · · · · · · · · · · · · · ·
(Name of the Limited Liability Compa (A Florida Limited I	<u>ny as it now appean</u> Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	02/05/2010	and assigned
Florida document numberL10000013896		المبر عنون	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	ility company here		TILED PERSON
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Compar	ny," the designation "L	LC of the appreviation
Enter new principal offices address, if applicable:	13000 Automo	obile Blvd	
(Principal office address MUST BE A STREET ADDRESS)	Suite 100		
	Clearwater, Fi	L 33762	
Enter new mailing address, if applicable:	13000 Automo	obile Blvd	
(Mailing address MAY BE A POST OFFICE BOX)	Suite 100		
	Clearwater, Fl	L 33762	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	e: Ente	ur records, <u>enter t</u> er Florida street addr , Florida	ress
	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
MGR	Geoff Fickling	1012 3rd Street North St. Petersburg, Fl. 33701	✓ Add ☐ Remove
			Add Remove
			Add Remove
			AddRemove
			Add Remove
			Add Remove
D. Ifamo	ending any other information, ent	er change(s) here: (Attach additional sheets, if necessa	ry.)
-			ZOIZ HAY
Dated	5-3-12 M O Signature of	a member or authorized representative of a member	ILED Y-7 PM 3: 34 TARY OF STATE ASSEE, FLORIDA
		Riley D. Pelfrey Typed or printed name of signee	
	/	Page 2 of 2	

Filing Fee: \$25.00