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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

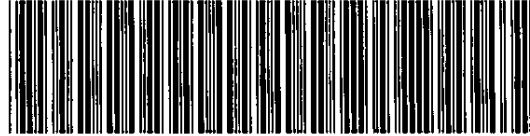
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 26 2016

SWARREN

# *James J. Fullenkamp Law Offices*

131 NORTH LUDLOW STREET, SUITE 1315 TALBOTT TOWER, DAYTON, OHIO 45402  
TELEPHONE (937) 228-5151 / FAX (937) 228-7475

May 24, 2016

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Re: Team Pelfrey, LLC/Amendment**

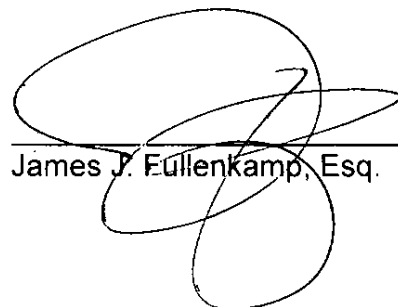
Dear Official:

Enclosed please find the Amendment to the Articles of Organization regarding the limited liability company referenced above which we are submitting on behalf of our client along with our check for \$25.00. We would appreciate it if you would please process these as promptly as possible.

Your assistance in this matter is appreciated.

Very Truly Yours,

JAMES J. FULLENKAMP LAW OFFICES

  
James J. Fullenkamp, Esq.

JJF/pg  
Enclosure



## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Team Pelfrey, 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:

James J. Fullenkamp, Esq.

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

Suite 1315 Talbott Tower

\_\_\_\_\_  
Address

Dayton, Ohio 45402

\_\_\_\_\_  
City/State and Zip Code

jjflaw@choiceonemail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James J. Fullenkamp

937

228-5151

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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 PELFREY, LLC

(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 02/05/2010 and assigned  
Florida document number L0000013896.

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 contain 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)

3087 CHERRY LANE

CLEARWATER, FLORIDA 33762

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

RILEY DALE PELFREY

New Registered Office Address:

3087 CHERRY LANE

*Enter Florida street address*

CLEARWATER

*City*

Florida 33762

*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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	NIGEL TUCKEY	502 PALM AVENUE	<input type="checkbox"/> Add
		PALM HARBOR, FLA 34683	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RILEY DALE PELFREY	3087 CHERRY LANE	<input checked="" type="checkbox"/> Add
		CLEARWATER, FLA 33762	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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SECRETARY OF STATE  
FLORIDA  
MAY 23 8:47  
AM

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

May 20, 2016

Signature of a member or authorized representative of a member

James F. Finkelman

Typed or printed name of signee

FILED  
MAY 23 A 8:47  
2008  
CLERK OF STATE  
TREASURY OF FLORIDA