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To:

Division of Corporations

Fax Number : (050)617-6383

From:

ACCOUNT Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.

Account Number : 076077001702

: (407)841-1200

Phone Fax Number

: (407)423-1831

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

teamelliott@aol.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TEAM ELLIOTT, LLC

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Corporate Filing Menu

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DEAN MEAD ORLANDO

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ARTICLES OF AMENDMENT

	TO	SEE SEE
ARTICLES C	OF ORGANIZATION	EP OSE
	OF	- 워크고
		CONTE
	TEAM ELLIOTT, LLC	
(Name of the Limited Linhiity C (A Florida Lin	Company as it now appears on our a nited Liability Company)	ecords.) ϕ
		3. <u>\$</u> "
The Articles of Organization for this Limited Liability Con	mpany were filed on $\frac{08/24/20}{2}$	and assigned
Florida document number L10000089238	,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Llability Company," the d	esignation "LLC" or the abbreviation
Enter new princips toffices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY EE A POST OFFICE BOX)		
		· ·
B. If amending the registered agent and/or registered agent and/or the new registered office addresses		rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
Trest Indianal Office Treetest	Enter Flori	da street address
		, Florida
	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

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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 - M	lanaging Member		
<u>Title</u>	Name	Address T	vpe of Action
MGRM	Leigh Elliott	2121 S. Hiawassee Rd.	Add
		Orlando, FL 32835	Remove
MGR	Leigh Elliott	2121 S. Hiawassee Rd., Suite 4644	Add
		Orlando, FL 32835	Remove
MGR	Taylor Elliott	2121 S. Hiawassee Rd., Suite 4644	Add
		Orlando, FL 32835	Remove
			SECRETARY OF SIA
			Add Remove
			Add
			Remove

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. If an		n, enter change(s) here: (Attach additional sheets, if necessary.) of Organization is amended in its entirety to read as follo
	"The Company shall be	a manager-managed company."
ated _	September lá	2013
	Signat Leigh Elliott, Member	Typed of printed name of signee

Filing Fee: \$25.00