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ECRETARY OF STATE

ALL SHASSES TLORID.

K.SALY EXAMINER LAN -8 2013

COVER LETTER

TO: / Registration Section Division of Corporation			
SUBJECT: TE	A M A Name of Limite	RET GROUP ed Liability Company	LLC
The enclosed Articles of An	nendment and fee(s) are subn	nitted for filing.	
Please return all corresponde	ence concerning this matter to	o the following:	
	Justin	Tnforna Name of Person	
			rm, P.A
	69 Eas	Forna Law Fi Firm/Company St Pine Stre Address	et
		FL 32801 City/State and Zip Code FJrna a GMAIL be used for future annual report notification	
For further information cond	cerning this matter, please cal	11:	
JUStin J Name of Po	-ufurna	at (407) 242 -1 Area Code & Daytime Tel	4.6.0 dephone Number
Enclosed is a check for the f	Collowing 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

ARTIC	LES OF OI	RGANI -	ZATION	72 .	FRED
•	OF	•		" JAN.	-1
TEAM M (Name of the Limited L	ARK	ET	GROUP,	LE C	FILED THE PHILE: IF
(<u>Name of the Limited Li</u> (A Fl	ability Compan	y as it now	appears on our rec	ords.)	TRIBATION
,					CORIDA
The Articles of Organization for this Limited Liab	ility Company	were filed	on 12/06/	<u>/10 </u>	and assigned
Florida document number $\frac{ \smile 10000 \ 1 \ \searrow 9}{ }$	2118				
					:
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of the	na limitad liahi'	lity comp	any hara		
71. If amending name, enter the new name of the	ie minica naon	nty comp	any nere.		
					<u> </u>
The new name must be distinguishable and end with t "L.L.C."	he words "Limite	ed Liability	Company," the desi	gnation "LLC"	or the abbreviation
Enter new principal offices address, if applicab	le:	69	East Pin	ne Street	et
(Principal office address MUST BE A STREET	ADDRESS)	Orl	indo, FL	32001	1
		•	-/	0	
Enter new mailing address, if applicable:		69	East Re	ne Stre	vi l
(Mailing address MAY BE A POST OFFICE BO	(Y E)	Oak	2. do F1	3 00	01
inaming address MAT BE AT OST OFFICE DO	<u>///</u>		moo) 12		<u> </u>
B. If amending the registered agent and/or			ss on our records	s, <u>enter the n</u>	ame of the new
registered agent and/or the new registered office	<u>e address here</u>	:			
Name of New Registered Agent:	The	Inf.	urna Lau Rind Str	v firm	, P. A.
· · · · · · · · · · · · · · · · · · ·	(a c	A	D. C.	1	/
New Registered Office Address:	67 69	isl i			
			Enter Florida		
	Orland	do	न	lorida 3°	2801

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.

City

H Changing Registered Agent, Signature of New Registered Agent

Zip Code

	MGR = Ma MGRM = N		ing Memb	er					
	Title MGR		ame Rov	11	MAWAR	Address	4142 N.	2874 Tes	Type of Action Add
						Holl	gwood Fi	- 3302 C	Remove
۷(<u>RM</u> X	TE A	AM Dela	NAR iware	KET G	roup,	LLC 69 East	Line St	Add
	, .					Orl	and of c	- 31 <i>80</i>) — — Add
									Remove
									Add
									_ Remove
									_ Add
									_ Add
									Remove

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:

D. If ar	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
	-
Dated _	Dec 21 . 2012
	Signature of a member or authorized representative of a member
	Joh- Dob50~
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00