

L11000113586

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

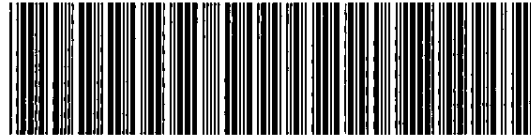
L11-113586

(Document Number)

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FILED
11 OCT 17 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan OCT 28 2011

Cover

Re: Amendment to Articles
of Organization.

Amending Name of
Entity

Ph. 727-481-1503

Address :

315 NE 3 RD Ave,
#2005

Ft. Lauderdale, FL
33301

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Sideline Capital, 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:

Kyle Fromin

Name of Person

Sideline Capital, LLC (to be renamed TeamLeaks, LLC)

Firm/Company

315 NE 3rd Ave, #2005

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

kfromin@teamleaks.com

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

For further information concerning this matter, please call:

Kyle Fromin

Name of Person

at (**727**)

481-1503

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

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Records

(Name of the Limited Liability Company as it now appears on our records.
(A Florida Limited Liability Company)

Page 1 of 2

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>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

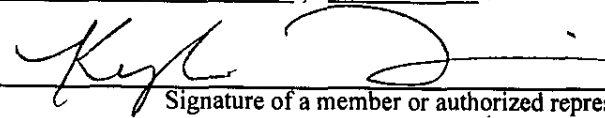
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary)*

contact email: kfromin@teamleaks.com

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

Dated October 5, 2011



Signature of a member or authorized representative of a member

Kyle Fromin

Typed or printed name of signee