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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Team A Vayer Construction 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:
Jason Mayer Name of Person
Team Allayer Construction
TOY Paulding Ave
Pensacola FL 32507
E-mail address: (to be used for white annual report notification)
For further information concerning this matter, please call:
Toson Aloyer at (350) 554 - 0838 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\ \text{Certified Copy (additional copy is enclosed)}\$\$\$ 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 Allayer	r Construction	
(Name of the Limited L. (A F	iability Company as it now appears on our re lorida Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liabil Florida document number LIVOOI342C	· · · · · · · · · · · · · · · · · · ·	28 2011 and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A)	:	"LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable:		-16
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	70. 9
B. If amending the registered agent and/or a	magistaned office address on our was	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
registered agent and/or the new registered office		Grand F
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ac	ddress
_		, 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 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 **Type of Action** Title Name nregory Graham 5330 Vir ☐ Change □ Add ☐ Remove ☐ Change `□ Atdd □ Remove ☐ Change □ Add ☐ Remove _□ Change □ Add ☐ Remove □ Change

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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more the lote: If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	(optional) nan 90 days after filing.) Pursuant uirements, this date will not	t to 605.0207 (3) be listed as the
e record specifies a delayed effective date, but not an effective time The 90th day after the record is filed.	, at 12:01 a.m. on the	earlier of:
Pated January 4, 2014 January 1		<u> </u>
Signature of a member or authorized representative of a	niculoci	

Page 3 of 3

Filing Fee: \$25.00