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(Re	questor's Name)	
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ALCARAGEF, FLORIDA

B. BOSTICK

AUG - 7 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Team One - Shoreside & Destination Management Company

Name of Limited Liability Company

The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.				
Please return all correspon	dence concerning this matter	to the following:				
		5				
Dalia Martinez Name of Person						
		140110 01 1 010011				
	Team One - Shoresi	de & Destination Mana	gement Company			
		Firm/Company				
	1	9426 SW 14th Street				
		Address				
	Pen	nbroke Pines, FL 3302	9	Z.	12	
		City/State and Zip Code		E E	AUG	*
	Inf	o@CJTeamOne.com		3.7 57	- 1	in the state of th
	E-maii address: (t	o be used for future annual repor	t nontication)	CO	9	्र १ पर
For further information con	ncerning this matter, please c	all:		33 (V.	3	į š
	ia Martinez	at (_954_)	257-2473	08II	PM 4: 59	(Jak
Name of	Person	Area Code & D	Daytime Telephone Number	A	Ψ.	
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 end	\$60.00 Filin Certificate closed) Certified (additions	e of Statu Copy		ed)

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 One – Shoreside & Destination Management Company 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 L	iability Company were filed on	June 15, 2012	and assigned
Florida document numberL12000079	9764		
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	(the limited liability company he	ere:	
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited Liability Comp	pany," the designation "Ll	LC" or the abbreviation
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		3-
			7
		Ş	5 1
Enter new mailing address, if applicable:			(A) On [2007]
(Mailing address MAY BE A POST OFFICE	BOX)		
			59
B. If amending the registered agent and/ registered agent and/or the new registered o		our records, enter th	ie name of the new
	······································		
Name of New Registered Agent:	Dalia Martinez		
New Registered Office Address:	19426 SW 14th Street		
	Enter Florida street address		
	Pembroke Pines	, Florida	33029
	City		Zip Code
New Degistered Ament's Signature if changing	Paristared Ament		

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 Chapting Registered Agent, Signature of New Registered Agent

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>	Name	Address	Type of Action
MGR	Jency A. Cueto	19426 SW 14th Street	☐ Add
		Pembroke Pines, FL 33029	
MGR	Jessica N. Cueto	19426 SW 14th Street	Add 7 Remove
		Pembroke Pines, FL 33029	
MGR	Dalia Martinez	19426 SW 14th Street	✓ Add
		Pembroke Pines, FL 33029	Remove
			Add
			Remove
······································			Add
			Remove
			Add
			Remove
D. If ame	nding any other information, en	ter change(s) here: (Attach additional sheets,	if necessary.)
			12
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_			LA. LA.
Dated	August 2	. 2012	
	A20.	Who ti	FATE ORIDA
	Signature o	t a member or pathorized representative of a memi	ber
		Dalia Martinez Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00