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COVER LETTER .

TO: Registration Division of C	Section orporations		
endrect.	VAN	COCO LLC	
SUBJECT:		ited Liability Company	
	of Amendment and fee(s) are su pondence concerning this matte	_	
		BIANCA SAPORITTO Name of Person	_
	2801 NE 208	BTH TERRACE, SECOND FLOOR Address	
	A	AVENTURA, FL 33180 City/State and Zip Code	
		TEAMREMANAGEMENT.COM (to be used for future annual report notification)	2013 A SECA Jacka
For further information	n concerning this matter, please	call:	AUG 28 AHASSE
	ICA SAPORITTO e of Person	at (305) 454-0915 Area Code & Daytime Telephone Nu	
Enclosed is a check fo	r the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Cert	0 Filing Fee, ificate of Status & ified Copy litional copy is enclosed)
Regi Divi P.O.	Stration Section sion of Corporations Box 6327 shassee, FL 32314	STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	SS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	VAN CO	CO LLC				
(<u>Name of the Limited</u> (A	Liability Compa Florida Limited I	ny as it now appea Liability Company)	rs on our records.)			
The Articles of Organization for this Limited Lia	bility Company	were filed on	05/22/2013	and assigned		
Florida document numberL130000748						
This amendment is submitted to amend the follow	wing:					
A. If amending name, enter the new name of	the limited liab	ility company he	<u>re</u> :			
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ited Liability Comp	any," the designation "l	LLC" or the abbrev	/iation	
Enter new principal offices address, if applicable:		2801 NE 208	TH TERRACE			
(Principal office address MUST BE A STREET ADDRESS)		SECOND FLOOR				
		AVENTURA	, FL 33180	A . 2		
Enter new mailing address, if applicable:		BTH TERRACE	III AUG 28	<u> </u>		
(Mailing address MAY BE A POST OFFICE BOX)		SECOND FL		<u>m-< ₩ 1</u>		
		AVENTURA	, FL 33180	E P	<u>I</u>)	
B. If amending the registered agent and/or registered agent and/or the new registered off			our records, <u>enter</u>	the STATE TO THE	new	
Name of New Registered Agent:	DARIN W. MELLINGER, ESQ.					
New Registered Office Address:	1200 NORTH FEDERAL HIGHWAY, #200					
	lress					
B6		CA RATON	, Florida	33432		
		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. Dalp Welliele If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR_	TEAM REAL ESTATE MENERGY LLC	2801 NE 208TH TERRACE SECOND FLOOR AVENTURA, FL 33180	Add Remove
MGRM_	D'••AMBROSIO, LEANDR	1721 NW 95TH AVENUE PLANTATION, FL 33322	Add Remove
MGRM_	CARDONE, MARIA A	1721 NW 95TH AVENUE PLANTATION, FL 33322	Add Remove
			Add Remove
	-		Add Remove
			Add Remove
D. If amend	ling any other information, enter change((s) here: (Attach additional sheets, if necessary.)	AUG 28
	,	i S	E STATE OF THE PROPERTY OF THE
Dated	AUGUST 13 , 201	<u>3</u> .	
	Signature of a member of	or authorized representative of a member	
		CA SAPORITTO r printed name of signee	
	I vped o	r brinted name of Signee	

Page 2 of 2

Filing Fee: \$25.00