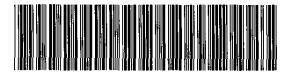
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(Re	equestor's Name)	
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11/6/14

NAME:

TEAM ELITE ADVANCED MANAGEMENT AMERICA, LLC

TYPE OF FILING: AMENDMENT

COST:

55.00

RETURN: CERTIFIED COPY PLEASE

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AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

_	istration Sectision of Corpo			
SUBJECT:	Team elite	e advanced manageme	ent America, LLC	
SUBJECT.		Name of Limi	ted Liability Company	
		mendment and fee(s) are sub-	-	
	vo vo.po	William Eilers	g	
			Name of Person	
		Eilers Law Group P.	A.	
			Firm/Company	
		169 NE 43rd. St		
			Address	
		Miami FL 33137		
			City/State and Zip Code	
		wreilers@eilerslawgr	OUP.COM o be used for future annual report notific	cation)
For further in	nformation cor	ncerning this matter, please ca		
William E	ilers		786 247-2624 at ()	
	Name of I	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	following amount:		
\$25.00 F	iling 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 OF

Team Elite Advanced Management America			
(<u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appo a Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liability C	Company were filed on _	05/28/2013	and assigned
lorida document numberL13000076860	·		
his amendment is submitted to amend the following:			
If amending name, enter the new name of the lim	ited liability company	here:	
ne new name must be distinguishable and end with the words "Li	mited Liability Company," t	ne designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applicable:			
rincipal office address MUST BE A STREET ADDI	RESS)		· · · · · · · · · · · · · · · · · · ·
			3 3
			AON
nter new mailing address, if applicable:			~ 766 1 255
Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
			32 0 4
			2
. If amending the registered agent and/or registered agent and/or the new registered office add		on our records, <u>e</u> n	
Name of New Registered Agent:			
New Registered Office Address:			
-	Enter F	lorida street address	
		, 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	Joseph Keppeln	23 Berwick Rd.	A dd
		Wood Green	Remove
		N22 5QB London	
			Add
			□ Remove
			□ Add
			Remove
			
			Add
			☐ Remove
			# W
			SEUM IA MAN - 6
			□ Remove Call
			1:21
			Add
			☐ Remove

Э.	If amei	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	_	
		
	_	
• (The effec	ve date, if other than the date of filing:
	Dated _	November 6th 2014
		Signature of a member or authorized representative of a member
		William Eilers
		Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00