## #1 13000095530

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SECRETARY OF STATE

K.SALY EXAMINER , JUL 3 0 2013

## **COVER LETTER**

TO:

Registration Section Division of Corporations

SHIP IF CT.

85 TEAM, 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:

JOSE L. PEREZ

Name of Person

85 TEAM, LLC

Firm/Company

17707 NW MIAMI CT SUITE 101

Address

MIAMI, FL 33169

City/State and Zip Code

JOETEAM@BELLSOUTH.NET

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

For further information concerning this matter, please call:

JOSE L. PEREZ

Name of Person

at (305)690-9998

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

13 JUL 29 PM 3: 30

TALLAHASSEE FIGURE

85 TEAM, 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 Liab	oility Company were filed on 07/03/2013	and assigned
Florida document number L13000095530	·	
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and end with to "L.L.C."	the words "Limited Liability Company," the design	nation "LLC" or the abbreviation
Enter new principal offices address, if applicab	ole:	<u> </u>
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	<b>~</b>	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida st	reet address
		orida
	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.

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	ANDRES TELLEZ	17707 NW MIAMI CT	Add
		SUITE 101	Remove
		MIAMI, FL 33169	
			Add
			Remove
			Add
			Remove
			_
			Add
			Remove
			_
			_
			Remove
			<del></del>
<del></del>			Add
			Remove

	formation, enter change(s) here: (Attach additional sheets, if necessary.)
• •	
<del></del>	
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Dated JULY 22	2013
Dated	···································
	Signature of a member or authorized representative of a member
JOSE L. P	
<del></del>	Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00