712 000 107550

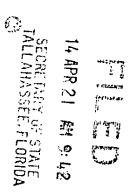
(Requestor's Name)
(Address)
(Address)
(waster)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Openial management to 1 ming Officer.

Office Use Only



900256039539

01/31/14--01011--010 **25.00



1.814vers APR 2 4 2014



February 4, 2014

JOHN CUTINO 17707 NW MIAMI CT STE 101 MIAMI, FL 33169

SUBJECT: 93 TEAM, LLC Ref. Number: L13000106220

We have received your document for 93 TEAM, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 614A00002525

COVER LETTER

TO: Registration Section Division of Corporations
93 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:
JOHN CUTINO
Name of Person
93 TEAM LLC
Firm/Company
17707 NW MIAMI CT STE 101
Address
MIAMI, FL 33169
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JOHN CUTINO (305) 799-6204
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
■ \$25.00 Filing Fee

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

93 TEAM LLC					
(Name of the Limi	ited Liability Compa (A Florida Limited l	ny as it now appears on our r Liability Company)	ecords.)		
The Articles of Organization for this Limited L Florida document number <u>L13000106220</u>	Liability Company	were filed on 07/26/20	13	and ass	igned
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liab	ility company here:			
N/A					•
The new name must be distinguishable and end with the	words "Limited Liab	oility Company," the designation	n "LLC" or th	e abbreviation "	L.L.C."
Enter new principal offices address, if appli-	cable:	N/A			
(Principal office address MUST BE A STRE	ET ADDRESS)	·-			
Enter new mailing address, if applicable:		N/A			
(Mailing address MAY BE A POST OFFICE	<u>SBOX)</u>		<u> </u>		
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered o office address her	ffice address on our re e:	cords, ente	er the name	of the nev
Name of New Registered Agent:	N/A			# <u>\$60 -</u>	
New Registered Office Address:	N/A			CORE LAF	138274 87
		Enter Florida street d	address _, Florida _	R21 DAKY ASSEE	eracione a The Constant 1
		City		Zip Code	
New Registered Agent's Signature, if changing				99. 4 ORI	Taran Para
I hereby accept the appointment as register provisions of all statutes relative to the project accept the obligations of my position as reg being filed to merely reflect a change in the	per and complete istered agent as p registered office	performance of my dutie provided for in Chapter (es, and I an 605, F.S. O	n familiar wi Pr, if this doci	th and ument is

If amending the Managers or Authórized 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> <u>Name</u> **Address Type of Action 17707 NW MIAMI CT MGR** YORDANKA A.MARTINEZ ■ Add MIAMI, FL 33169 ☐ Remove □ Add □ Remove _□ Add ☐ Remove □ Add □ Remove ☐ Remove □ Add Remove

f amending any other information, enter change(s) here: (Attach o	additional sheets, if necessary.)
N/A	
	
	· · · · · · · · · · · · · · · · · · ·
fective date, if other than the date of filing: e effective date must be specific, cannot be prior to date of receipt or filed date and ce date this document is filed by the Florida Department of State)	(optional) cannot be more than 90 days after
APRIL 14 , 2014 .	
,	
Jack	
Signature of a member or authorized represe	entative of a member
JOHN CUTINO	
Typed or printed name of si	maa

Page 3 of 3

Filing Fee: \$25.00

