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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #)	500286258335			
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10.	Division of Corporations	
* SUBJE	ect: 95 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:



For further information concerning this matter, please call:

Jose Perez at 305 690-9998 Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

S25.00 Filing Fee

TO

X\$30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) 560.00 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 C 95 Team	OF AMENDMENT TO OF ORGANIZATION OF L
(A Florida Li	imited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number <u>13000 08316</u>	npany were filed on $0/-3/-13$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	d liability company here:
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRE.	d Liability Company." the designation "LLC" or the abbreviation "LLC." <u>3415555pulvedy Blud #100</u> <u>ss</u> <u>Los Angles</u> , <u>CA 90034</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or register registered agent and/or the new registered office addres	red office address on our records, enter the new ss here:
Name of New Registered Agent:	up and Combs Inc.
New Registered Office Address:	<u>City</u> <u>C</u>
New Registered Agent's Signature, if changing Registered A	Agent:
I hereby accept the appointment as registered agent an	nd agree to act in this capacity. I further agree to comply with the

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 Authorized Person(s) authorized to manage, enter the title, name, and address of cach person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Name Title Address Type of Action -Pui and Combs Inc. 34155. Sepulveda # 100 Los Anyles, CA 9.00 _ Remove 🗄 Change Josef Perez 11707 New migni Gt. = Add Mgh Mirmi, 12 33169 Remove ____ Change Mgr Zonia Espinal 17707 NW Mimi G. BAdd Mimi FL 33/69 LRemove _ 🖸 Change mga Harriett Dash 17707 NW MEANI CA Add F1 33/69 ZREMOVE Miani Change Mgr. Mark BFord 17707 NW Migmi CA. D Add MiAmi, FL 33/69 CEREMOVE Change-Add n'i Rémove Ê D Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Note: docum	(optional) etive date, if other than the date of filing: etive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) if the date inserted in this block does not meet the applicable statutory filing requirements, this date of rit's effective date on the Department of State's records. ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. of	will not be lis	ted as the
b) The	90th day after the record is filed.	m the earn	
Dated _	85-27- 2016		
	Signature of a member or authorized representative of a member	Tro-	
	Jose L Perez		
	Typed or printed name of signee		
			PH - PH
	Page 3 of 3	ORI	
	Filing Fee: \$25.00	S EI	

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