L1400000/630

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SECRETARY OF STATE

T. Buzzh JAN 2 8 2014



COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

TEAMI, 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:

ARIE A TAYKAN

Name of Person

ARIE A TAYKAN & COMPANY

Firm/Company

7880 N UNIVERSITY DRIVE #201

Address

TAMARAC, FL 33321

City/State and Zip Code

JULIEM@TAYKANCPA.COM

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

For further information concerning this matter, please call:

ARIE A TAYKAN

at (337

722-9250

Name of Person

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

TEAMI, LLC

(Name of the Limite	d Liability Company A Florida Limited Lia	y as it now appears on ou ability Company)	r records,)		
The Articles of Organization for this Limited Lia Florida document number L14000001630	bility Company w	vere filed on JANUA	RY 6, 2014	and assigned	
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liabili	ity company here:			
The new name must be distinguishable and end with the w	ords "Limited Liabil	ity Company," the designa	tion "LLC" or the abbre	viation "L.L.C."	-
Enter new principal offices address, if applica	ble:		7		_
(Principal office address MUST BE A STREET ADDRESS)			TAC	7.	_
Enter new mailing address, if applicable:			_AHASSEE,	2 :::::::::::::::::::::::::::::::::::::	- ·
(Mailing address MAY BE A POST OFFICE B	(OX)		FLORID.		- : -
B. If amending the registered agent and/o registered agent and/or the new registered off			records, enter the	name of the	<u>new</u>
Name of New Registered Agent:	ARIE A TAY	KAN, CPA			_
New Registered Office Address:	7880 N UNI\	ERSITY DRIVE,	SUITE 201		
	- 112 - 112 - 11	Enter Florida stre	et address		_
	TAMARAC	_	, Florida <u>3332</u>	1	
		City	Z	Lip Code	_
New Registered Agent's Signature, if changing Re	gistered 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

Page 1 of 3

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			
		-	Add
		SEUREJAN 21 TALLAHASSEE	
			21 ANY OF THE PROPERTY OF THE
			AFE. FLORIDA Remove
			Remove
			Add
			□ Remove
			····
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			Remove

., .	er change(s) here: (Attach adattional sheets, if necessar
E66-4i day i6-4h4h4h4h4h66	
Effective date, if other than the date of for The effective date must be specific, cannot be prior to the date this document is filed by the Florida Depart	to date of receipt or filed date and cannot be more than 90 days after
Dated JANUARY 15	
X	·
Signature of	of a member or authorized representative of a member
YOGEV MALUL	of a member of authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00

14 JAN 21 AH II: n2 SECRETARY OF STATE TALLAHASSEE, FLORID,