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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: 32C Team, LCC  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:
Roberto Saade Name of Person
32C Team LLC Firm/Company
17707 NW Miami Ct. #101
Miami, FL 33169
City/State and Zip Code  From Management Outlook . Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Roberto Saade Name of Person  at (305) 793 3558 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & \$\Bigcup \\$55.00 Filing Fee & \$\Bigcup \\$60.00 Filing Fee, \$\Bigcup \\$certificate of Status & \$\Bigcup \\$(additional copy is enclosed)\$\$  Certified Copy (additional copy is enclosed)  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

3ac Team 1	10		
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our records.)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000013707</u> .		and assig	gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company here:		
The new name must be distinguishable and end with the words "Limited Liabi	lity Company." the designation "LLC" or the	abbreviation "L.L	C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	ice address on our records, <u>enter</u>	the name of	the new
Name of New Registered Agent:	, ·	C Z	
New Registered Office Address:		TE A	€
	Enter Florida street address , Florida	W 23	(17 mm; );
	City	Zip Code	i
New Registered Agent's Signature, if changing Registered Agent:		88 88 2:	y action
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am covided for in Chapter 605, F.S. Or	familiar with a , if this docum	and ent is

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

MGR = M AMBR = A	anager uthorized Member	
<u>Title</u>	<u>Name</u>	Address Type of Action
MGR	Jose Percz	17707 NW MIAM; C+#101
		Miami, FL 33169 Remove
MGR	Flavio Lovenzi	17707 NW Miami C+#101
		Micmi, 41 30169 - Remove
MGR	Roberto Saade	17707 NWMiamic+#101
		Miami, Fl 33/169 Remove
AMBR	Patricia Pozada	17707 NW Miami (4#10)
		Miami, Fl 33/169 = Remove
		SS SS SS SS Add.
		Reprove hear
		Add
		□ Remove

).	amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
]	Tective date, if other than the date of filing:
(	effective date, if other than the date of filing: (optional) effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after date this document is filed by the Florida Department of State)
	$\frac{Nay}{15}$ , $\frac{2014}{15}$ .
	Loberto San Do
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00

TALLAHASSEE FINGE