114000017846

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: TEEZEWEEZ 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: Taime Pamírez Name of Person |
| Firm/Company 400 4th Ave. S. # 1108 St. Petersburg F1 33701 City/State and Zip Code Jamurniux@yahoo.com and moses_tricia@yahov.com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: Taime Famirez Name of Person Taime Area Code Taime Telephone Number |

S55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

☐ \$30.00 Filing Fee &

Certificate of Status

Enclosed is a check for the following amount:

\$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

☐ \$60.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TEEZEWEEZ, LLC

(Name of the Limited Liability Company as it now appears on our records,)
(A Florida Limited Liability Company)

Jan 31 2014

| The Articles of Organization for this Limited Liability Company Florida document number $\underline{L14000017846}$. | were filed on | and assigned |
|---|----------------------------|--|
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | oility company here: | |
| 745 Warehouse, LLC The new name must be distinguishable and contain the words "Limited Liabi | Lit. Company II the decima | tion #11 Of as the obbreviation #11 Of |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | | Ave. S. #1108 exsburg, F1 33701 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her | | records, enter the name of the no |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida st | reet address |
| | | , Florida |
| | City | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | <u></u> | |

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 Mais Tocument is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited lie glity 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 each person being added or removed from our records:

| MGR = Ms $AMBR = As$ | anager uthorized Member | , | |
|----------------------|----------------------------|---|--|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| f amending any oth | | er change(s) here: (Attach addition | nal sheets, if necessary.) | |
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| - Andrew Andrews | | | | |
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| an effective date is liste tote: If the date inser ocument's effective of e record specifies | rted in this block does n date on the Department | c and cannot be prior to date of filing or monot meet the applicable statutory filing of State's records. | requirements, this date will not b | oc listed as |
| ated April | | _, 2017 | SE SE | |
| | Jai me | of a member or uthorized representative of a member of uthorized representative of Typed or printed name of signce | RIL HASSE | FILE |
| | | Typed or printed name of signce Page 3 of 3 | OF STATE | D S |

Filing Fee: \$25.00