# #/ 14000054510

	(December 1 - News)
	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
<u>-</u> .	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
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2015 JAN -8 PM 1: 43
SECRETARY OF STATE
ORID

EXAMPLER
JAN 1 5 2015



## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 19, 2014

SELL A TEE LLC MARGARET CHAVEZ 5120 NW 165TH ST. MIAMI GARDENS, FL 33014

SUBJECT: SELL A TEE LLC Ref. Number: L14000054510 15 JAN -8 AM IO: 00

15 JAN -8 AM IO: 00

PURSON OF CONTROLLATION
PURSON OF CO

We have received your document for SELL A TEE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return 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.

Letter Number: 514A00026947

Karen A Saly Regulatory Specialist II

www.sunbiz.org

# **COVER LETTER**

TO: Registration Section Division of Corporation			
SUBJECT:	Sell A	Tee	
	Name of Limite	ed Liability Company	
The enclosed Articles of An	nendment and fee(s) are subm	itted for filing.	
Please return all corresponde	ence concerning this matter to	the following:	
	Margaré	T Chavez	-
	Sel	Name of Person  A Tee  Firm/Company	
	5120 NU	) 165 <sup>44</sup> 57 Address	
	Miani GAR	Den S, Fl. 33 City/State and Zip Code	3014.
	Margie Chavez E-mail address: (to	be used for future annual report notification	u S on)
For further information con-	cerning this matter, please cal	1:	
Margare Wame of Pr	T Chavez erson	at (786) 380- Area Code Daytime Tel	ephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fec & 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

2015 JAN-8 PM 1: 43

JALLAHASSEE, FLORIDA

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

(A FI	orida Limited Liability Company)	1	LURIDA
The Articles of Organization for this Limited Liability Florida document number 140000	ty Company were filed on _ 54510	4-3-2014	and assigned
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company h	nere:	
The new name must be distinguishable and end with the words	"Limited Liability Company," the	e designation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable			
(Principal office address MUST BE A STREET AL	ODRESS)		
		·	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	2		
	<del> </del>		
B. If amending the registered agent and/or registered agent and/or the new registered office		n our reçords, <u>enter th</u>	e name of the nev
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	orida street address	
	City	, Florida	Zip Code
	CIIV		LIP COUR

### New Registered Agent's Signature, if changing Registered 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

If amending the Managers or Authorized 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

Title	<u>Name</u>	Address	Type of Action
lice Pres.	Michael J. Chavez.	11515 SW 87 the Miani, Fl. 33174	Add
			□ Add □ Remove
			Add Refigive
			Registant Sept 1:44
·			

Piemove		al T. Chave		_ _ LLC.
				<del></del>
C. Effective date, if othe (The effective date must be the date this document is to Dated	er than the date of fil specific, cannot be prior to filed by the Florida Departr	date of receipt or filed date and cannot b	(optional) se more than 90 days after	
	Signature of argare T	f a member or authorized to resentative  Ove 7  Typed or printed name of signee	of a member	THE SERVICE TO THE SE
				THE PRINT
		Page 3 of 3		All F
		Filing Fee: \$25.00		
	Ź	already	Paid	,