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2015 DEC TO PH 5: 50
SECRETARY OF STATE
INCLAHASSEE, FLORIDA

K.SALY EXAMINER DEC 11 2015

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: A Team Marketing and Consulting, 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:
Jennifer B. Abern Name of Person
A Team Marketing and Consulting, UC
Le520 SE Nantually (4.
Hobe Sound, FL 33455 City/State and Zip Code Jennier C atean MC. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jenni Ser Ahern at (772) 48U-8008 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status 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

2015 DEC 10 PM 5:5

A Team Marketing and Consulting, LLC	lity Company as it now appears on our records.) A HASSEE FOR 17 CORDS
(Name of the Limited Liabi	lity Company as it now appears on our records.)
(V.I.min	a Canned Liability Company)
The Articles of Organization for this Limited Liability (Company were filed on May 21, 2014 and assigned and assigned
Florida document number L14000082264	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD	RESS)
2 rancipal office data con most 50 months (155	X2003
Enter new mailing address, if applicable:	
•	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or regi	stered office address on our records, enter the name of the nev
registered agent and/or the new registered office add	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Shane T. Ahern	6520 SE Nantucket Court	
		Hobe Sound, FL 33455	Remove
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Effective date, if other than the date of filing: 2-8-6 (If an effective date is listed, the date must be specific and cannot be prior to date of filing or monomore. If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	
the record specifies a delayed effective date, but not an effective to The 90th day after the record is filed.	me, at 12:01 a.m. on the earlier of
Dated December 7 2015	
Signature of a member or authorized representative	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00