# L15000008107

(Requestor's Name)		
(Ad	ldress)	
(Ac	dress)	
(Cil	ty/State/Zip/Phone	∋ #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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### **COVER LETTER**

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11		istration Sect				
SUBJECT:		83C TEAM L	LC			
	DBC 1.		Name of Lim	ited Liability Company		
Th	ne enclosed	l Articles of A	mendment and fee(s) are sub	mitted for filing.		
Ple	ease return	all correspond	lence concerning this matter	to the following:		
			JOSE L PEREZ			
				Name of Person		
			83C TEAM LLC			
				Firm/Company		
			17707 NW MIAMI CT #10	01		
			-	Address		
			MIAMI, FL 33169			
				City/State and Zip Code		
			JOETEAM@BELLSOUTH			
Fo	or further in	nformation con	E-mail address: ( cerning this matter, please ca	to be used for future annual report notifica	SECRETATALLAHA	77
JC	OSE L PER	REZ		305 690-9998 at ( )	SSA 1	F
En	nclosed is a	Name of P	following amount:		Celephone Number OF STATE PLORIDA	
	\$25.00 F	iling 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 enclo	

**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

83C TEAM, LLC		<u> </u>
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)	)
The Articles of Organization for this Limited Liability Company velocida document number L15000028107		and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabil</u>	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ty 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	. <u>~ </u>	
Name of New Registered Agent:	LAHASSEE	SEP
New Registered Office Address:	Enter Florida street address	
	Enter Florida street address	÷ •
	. <b>19</b> 67	rida''.'

#### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

# 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>	<u>Name</u>	Address	Type of Action
AMBR	LINDA GODSELL	17707 NW MIAMI CT #101	<b>∃</b> Add
		MIAMI, FL 33169	□ Remove
			Change
			Add
			□ Remove
			Change
		<del></del>	□ Remove
			Change
		——————————————————————————————————————	
		ECHETA LAHAS	23 DRemove
		SECHETARY OF ST. TALLAHASSEE, FLO	Change
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			□ Add
			□ Remove
			Change

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Signature of a member or authorized representative of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00