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ANASSEE, FLORIDA

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 20D Team LL C 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:
Jose L Perez
Name of Person
20 D Team LLC Firm/Company
Firm/Company
17707 NW Migmi Cf. #101
Miami, FC 33(69 City/State and Zip Code
Toe team @ Bollsooth.net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Toe Peaez at (305) 690-9998 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe

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

(Name of the Limited Liability Con (A Florida Limite	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and contain the words "Limited Li	ability 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 registered agent and/or the new registered office address h	office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
Now Decistand Agents Cinneton 16 to 1 D	City Zip Code
provisions of all statutes relative to the proper and comple	meree to act in this capacity. I further agree to comply with the ete performance of my duties, and I am familiar with and as provided for in Chapter 605, F.S. Or of this document is

If Changing Registered Agent, Signature of 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

Type of Action <u>Title</u> **Address** Name Jenny Gedeon □ Remove ☐ Change _□ Add □ Remove _□ Change □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove Remaye E Change

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(If an effective Note: If	tive date is listed, the the date inserted:	e date must be specific	and cannot be prior to date of the the applicable state of State's records.	of filing or more than 90		
		delayed effective the record is file	e date, but not an e	ffective time, at	12:01 a.m. on	the earlier of:
Dated _	Dec	10,	, 2015	AN T	<i>'</i>	
		20. 10.			E 1/2	
		Signature o	f a member of authorized re	presentative of a memb	CRET	
			Typed or printed name	of signee	SSEE. F	M
			Page 3 of .	3	P 4: 48	
			Filing Fee: \$2	25.00		