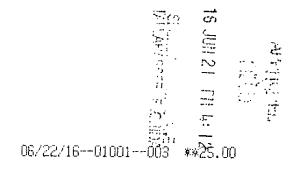
L16000085217

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	.*	

Office Use Only



800286966748



DEFAR DEFAIL OF A AL

JUN 21 2013) BRUCE

COVER LETTER

TO: Registration S Division of Co					
SUBJECT:	TEAMSEXTIT Name of Limi	LLC (ted Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sub-	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Donan J.	Cawley Name of Person			
		Firm/Company		<u></u>	
	1365 NW	189 Lerrace		<u></u>	
	Miami Gardens	Florida 33/69 City/State and Zip Code		JU!! 21	د مواد موادر درو موادر درو موادر درو موادر درو
	E-mail address: (to be used for future annual report notifi		. ————————————————————————————————————	
For further information	concerning this matter, please co		Ę.	1 70	
Dorian Ca	WCV of Person	at (321) 888 - Area Code Daytime	9576 Telephone Number		٠
Enclosed is a check for	the following amount:				
\$25.00 Filing 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 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

1 EHNISEXF1+	- LLC					
(Name of the Limited Liability C (A Florida Lin	nited Liability Company)	ir records.				
The Articles of Organization for this Limited Liability Com Florida document number <u>LI 6000085317</u> .	spany were filed on $\frac{4/25}{2}$	ما/ب	and assign	ed		
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited	l liability company here:					
The new name must be distinguishable and contain the words "Limited	Liability Company," the designat	ion "LLC" or the abbrevi	ation "L.L.C			
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDRES	<u> </u>					
			·			
			三点	ග		
Enter new mailing address, if applicable:		j ked	E.	Ē		
(Mailing address MAY BE A POST OFFICE BOX)			4)	72	***	
imming maress may be at ost office bony				173		المار الدار
						1.1
B. If amending the registered agent and/or registered agent and/or the new registered office address		records, enter the	namerof	the_n	<u>ew</u>	
Name of New Registered Agent:				· ······		
New Registered Office Address:	Enter Florida str	cel address				
	The second secon					
	City	, Florida	Cip 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 = Au	thorized Member		
<u>Title</u>	Name	Address	Type of Action
mal.	Dorian Cawley	1365 NW 189 terrace Mlamife	MAdd.
	,	Miami Gardens Florida 33/69	_□ Remove
A • • • •			Change
AMBR	Maleka Sinith		LVAdd
			E Remove
			Change
	·		□ Add
	•		Tremove 5
			_ Change
			Add F
			_□ Change
			_ Add
			_□ Remove
			□ Change
			_D Add
			_□ Remove

	·
	en refe L
\$\frac{1}{2} = 62	Sixter 62

Page 3 of 3

Filing Fee: \$25.00