## 116000088860

| (Requestor's Name)                      |             |
|---|-------------|
| (Address)                               |             |
| (Address)                               |             |
| (City/State/Zip/Phone #)                |             |
| PICK-UP WAIT MAIL                       | •           |
| (Business Entity Name)                  |             |
| (Document Number)                       |             |
| Certified Copies Certificates of Status | <del></del> |
| Special Instructions to Filing Officer: |             |
|   |             |
|   |             |
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Office Use Only



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THAR-6 PH 4: 25

MAR 0 7 2017 S. YOUNG

## **COVER LETTER**

|                             | Registration Sec<br>Division of Corp |  | •   |   |                            |
|-----------------------------|--------------------------------------|--|---|---|----------------------------|
| CHDIEC                      |                                      | HARDSON LLC                                  | •   |   |                            |
| SUBJEC                      | .1;                                  | Name of Limi                                 | ited Liability Company  |   |                            |
| The enclo                   | osed Articles of A                   | amendment and fee(s) are sub-                | mitted for filing.  |   |                            |
| Please ret                  | turn all correspon                   | dence concerning this matter                 | to the following:   |   |                            |
|                             |                                      | Cahill Richardson                            |   |   |                            |
|                             |                                      |  | Name of Person  |   |                            |
|                             |                                      | Team Richardson LLC                          |   |   |                            |
|                             |                                      | ·  | Firm/Company  |   |                            |
| 1304 Biarritz st NW Address |                                      |  |   |   |                            |
|                             |                                      |  |   |   |                            |
|                             |                                      | Palm Bay, FL 32907                           |   |   | 17                         |
|                             |                                      | Cahill@Team-Richardson.r                     | City/State and Zip Code   |   | <b>3 3 3 3 3 3 3 3 3 3</b> |
|                             |                                      |  | earror<br>to be used for future annual report notific               | ation)  | 5 SA                       |
| For further                 | er information co                    | ncerning this matter, please ca              | •   | ·   | THAR -6 PH 4: 25           |
| Cahill Ri                   | ichardson                            |  | 321 426-0361<br>at ( )  |   | % इंग                      |
|                             | Name of                              | Person                                       |   | elephone Number :   |                            |
| Enclosed                    | is a check for the                   | e following amount:                          |   |   |                            |
| \$25.0                      | 00 Filing Fee                        | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee,<br>Certificate of Sta<br>Certified Copy<br>(additional copy is en | tus &                      |

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

| TEAM RICHARDSON LLC  |  |                            |
|--|--|----------------------------|
| ( <u>Name of the Limited Liability</u><br>(A Florida L   | Company as it now appears on our records.) imited Liability Company) |                            |
| The Articles of Organization for this Limited Liability Cor<br>Florida document number L16000088860                | npany were filed on 05/05/2016                                       | and assigned               |
| This amendment is submitted to amend the following:  |  |                            |
| A. If amending name, enter the new name of the limite  | ed liability company here:   |                            |
| Cahili Benjamen Richardson LLC   |  |                            |
| The new name must be distinguishable and contain the words "Limite   | d 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 ADDRE   | (25)   |                            |
|  |  | 3 55                       |
|  |  | <b>3 3 3 3 3 3 3 3 3 3</b> |
| Enter new mailing address, if applicable:  |  | 上 2020                     |
| <i>3</i> , <b>11</b>   |  | 7 mg                       |
| (Mailing address MAY BE A POST OFFICE BOX)   |  | F. O.E.                    |
|  |  | * 507<br>N 507             |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office addresses. |  | nter the name of the no    |
| Name of New Registered Agent:  |  |                            |
| New Registered Office Address:   | ·  |                            |
|  | Enter Florida street address   |                            |
| ·  | , Florid   |                            |
|  | 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> | <u>Name</u> | Address      | Type of Action        |
|--------------|-------------|--------------|-----------------------|
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|              |             |              | Remove                |
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|                         |   |   |                         |                     |                   |                  | PH 4:                 |
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| fective<br>an effective | date, if other than the date is listed, the date is | he date of filings the date of the specific a | ng:<br>nd cannot be pri | or to date of filin | g or more than 90 | (optional)       | Pursuant to 605.020   |
| ote: If t               | the date inserted in this 's effective date on the  | block does not                                | meet the appl           | icable statutory    | filing requirer   | nents, this date | will not be listed as |
| ocument.                | is directive date on the                            | Department of                                 | State S record          |                     |                   |                  |                       |
| e record<br>The 90      | rd specifies a delay<br>Oth day after the re        | ed effective<br>ecord is filed                | date, but r<br>i.       | not an effect       | ive time, at      | 12:01 a.m. o     | on the earlier o      |
| 281<br>ated             | th of February                                      |   | 2017                    |                     |                   |                  |                       |
| accu                    | 11.1  |   | ·, ———                  | · ·                 |                   |                  |                       |
|                         |   |   |                         |                     | <del></del>       |                  |                       |

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Typed or printed name of signee

Filing Fee: \$25.00