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S. YOUNG

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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: 14A	LE TEAM, Name of Limited Liabilit	LLC	
	Name of Limited Lidome	y Company	
•			
The enclosed Articles of	Amendment and fee(s) are submitted for	filing.	
Please return all correspon	ndence concerning this matter to the follo	owing:	
	Frederick	Thache	2R,CPA
·	Thachen	P. A.	
	2832 Fies	+ Ane h	
	St Peters bu City/Stat	Rg. FL 3	15 JUN 28 PH 12: 08
			© 79
	E-mail address: (to be used for	or future annual report notification)	7 7 7
For further information co	oncerning this matter, please call:		<u> </u>
DAN 181 Name of	Person at (Area Code Daytime Teleph	191
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	Certificate of Status Cer	00 Filing Fee & C tified Copy litional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
. MAILI Registra	NG ADDRESS:	STREET/COURIER AD Registration Section	DDRESS:
	n of Corporations x 6327	Division of Corporations	
P.O. Bo	x 6327 ssee, FL 32314	Clifton Building 2661 Executive Center Cir	role

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 Comp (A Florida Limited	any as it new appears on our record Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Compan Florida document number <u>L I 6 0 0 0 12</u> 8	y were filed on $\overline{)}$ – $\overline{)}$ – $\overline{)}$	$20) \varphi$ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
		· · · · · · · · · · · · · · · · · · ·
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC	or the abbreviation "L.E.C.3"
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		2 7 7 7 7 7
		6 % Kn
Enter new mailing address, if applicable:	NA	PHI2: 6
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.	office address on our record	s, enter the name of the nev
New Registered Office Address:	Enter Florida street addres	is
	, Fl	orida
`	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 Type of Action **Address** Title Name ☐ Change _□ Add ☐ Remove ☐ Change □ Add □ Change □ Ada ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change

			
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	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed.	ie earner	01.

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00