

L17000035908

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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S Warren

MAR 23 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 8, 2017

ETZER ALIZE
2470 LAKE DEBRA DRIVE, APT. 13102
ORLANDO, FL 32835

SUBJECT: A-TEAM APPAREL LLC
Ref. Number: L17000035908

We have received your document for A-TEAM APPAREL LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 717A00004506

COVER LETTER

**TO: Registration Section
Division of Corporations**

A-Team Apparel

SUBJECT: _____
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:

Etzer Alize

Name of Person

A-Team Apparel

Firm/Company

2470 Lake Debra Dr Apt 13102

Address

Orlando/Florida 32835

City/State and Zip Code

shopwithateam@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Etzer Alize

407 509-3451

at ()

Name of Person

Area Code

Daytime Telephone Number

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

**TO
ARTICLES OF ORGANIZATION
OF**

A-Team Apparel

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/14/2017 and assigned
Florida document number L17000035908

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

6250 Edgewater Dr Suite 4800

Orlando, FL 32810

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6250 Edgewater Dr Suite 4800

Orlando, FL 32810

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Etzer Alize

New Registered Office Address:

6250 Edgewater Dr Suite 4800

Enter Florida street address

Orlando

Florida

32810

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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Etzer Alize	6250 Edgewater dr suite 4800, Orla	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Kenderline Guillaume	6250 Edgewater Dr Suite 4800, Orl	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Etzer Alize	6250 Edgewater Dr Suite 4800, Orl	<input type="checkbox"/> Add
		6250 Edgewater Dr Suite 4800, Orl	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Etzer Alize		<input type="checkbox"/> Add
		2470 Lake Debra Dr, Orlando, Fl 3	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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both Authorized members are the owners of the company.

EIN for the company is 81-3579775

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 02/22/2017



Signature of a member or authorized representative of a member

Etzer Alize

Typed or printed name of signee

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