## 117000046397

(Re	questor's Name	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Na	ime)
(Do	cument Number	r)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

Registration Section

**Division of Corporations** 

P.O. Box 6327 Tallahassee, FL 32314

TO:

	al House, LLC		
UBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Daren Loewinger		
		Name of Person	
	Team Global House, LLC		
		Firm/Company	
	2690 Weston Road, Suite I	200	
		Address	<del></del>
	Weston, Fl. 33331-3608		
	daren@nstarconsultants.cor	City/State and Zip Code	<del></del>
	E-mail address: (	to be used for future annual report not	ification)
for further information c	oncerning this matter, please co	all:	
Daren Loewinger		516 359-3002	
Name o	î Person	at () Area Code Daytin	ne Telephone Number
inclosed is a check for th	ne 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
Registr	ING ADDRESS: ation Section n of Corporations	STREET/COUR Registration Section Division of Corpo	on

Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Team Global House, LLC

( <u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on o	our records.)	
The Articles of Organization for this Limited Liability Compan L17000046397 Florida document number	y were filed on	y 27, 2017 and a	ssigned
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 designa	ntion "LLC" or the abbreviation '	TLL.C."
Enter new principal offices address, if applicable:			<u> </u>
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>
Enter new mailing address, if applicable:  **Mailing address MAY BE A POST OFFICE BOX**  3. If amending the registered agent and/or registered egistered agent and/or the new registered office address he		records, enter the nam	e of the new
Name of New Registered Agent:	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida st	reet address	
		. Florida	
	City	Zip Coa	le
ew Registered Agent's Signature, if changing Registered Agent	<u>!:</u>		
hereby accept the appointment as registered agent and ageovisions of all statutes relative to the proper and complete cept the obligations of my position as registered agent as ring filed to merely reflect a change in the registered officent pany has been notified in writing of this change.	e performance of my a provided for in Chap	luties, and I am familiar w ter 605, F.S. Or, if this do	eith and cument is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager AMBR = Authorized Member			
tle	<u>Name</u>	Address	Type of Action
<del></del> IGR	Charles A. Junkmann	2690 Weston Rd., Suite 200	 
	<del></del>	Weston FL 33331-3608	Remove
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If the date inserted in this bloment's effective date on the Defector of the Defector of the Electric of th	the specific and cannot be prior to date of filing or moock does not meet the applicable statutory filing epartment of State's records.  If effective date, but not an effective ti	g requirements, this date will not be listed
ne 90th day after the rec	ord is filed.	
October 25	2017	
d	·	
Charles	2 a Juntmann	
	Signature of a member or authorized representative	of a member
	~	:
Charles A. Junkmann		

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Filing Fee: \$25.00