



COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 49D Team LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jose L Perez  
Name of Person

49 D Team LLC  
Firm Company

17907 NW Miami Ct. #101  
Address

Miami, FL 33169  
City, State and Zip Code

Joeteam@Ballsouth.net  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Joe Perez at ( 305 ) 690-9998  
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  
Clinton Building  
2601 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 31, 2018

JOSE L. PEREZ  
49D TEAM LLC  
17707 NW MIAMI CT., #101  
MIAMI, FL 33169

SUBJECT: 49D TEAM LLC  
Ref. Number: L17000076032

We have received your document for 49D TEAM 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 titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Stacy Prather  
Regulatory Specialist III

Letter Number: 018A00015776

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

490 Team LLC

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

18 AUG 10 PM 3:23

The Articles of Organization for this Limited Liability Company were filed on 04-04-17 and assigned Florida document number L17000076032

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 "LLC"

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

*Enter Florida street address*

Florida

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.*

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>             | <u>Address</u>            | <u>Type of Action</u>                                 |
|--------------|-------------------------|---------------------------|---|
| <u>MGR</u>   | <u>Gerard Carre</u>     | <u>17707 NW Miami Ct.</u> | <input type="checkbox"/> Add                          |
|              |                         | <u>Miami, FL 33169</u>    | <input checked="" type="checkbox"/> <del>Remove</del> |
|              |                         | <u>17707 NW Miami Ct</u>  | <input type="checkbox"/> Change                       |
| <u>mgr</u>   | <u>Vinicius Barbosa</u> | <u>Miami, FL 33169</u>    | <input checked="" type="checkbox"/> <del>Add</del>    |
|              |                         | _____                     | <input 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                       |
|              |                         | _____                     | <input type="checkbox"/> Add                          |
|              |                         | _____                     | <input type="checkbox"/> Remove                       |
|              |                         | _____                     | <input type="checkbox"/> Change                       |

B. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

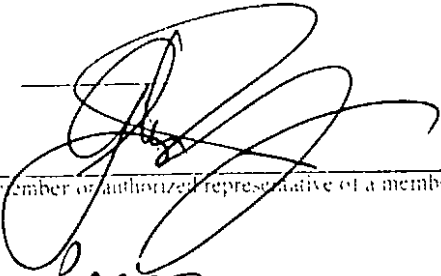
Multiple horizontal lines for amending information.

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 07-20-17  
  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Jose L Perez  
\_\_\_\_\_  
Typed or printed name of signer

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