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COVER LETTER

TO: Registration Sec Division of Corp					
SUBJECT:	54 V Tea	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Jose L	Name of Person			
	54 D	Pan LLC Firm/Company			
		NW Miumi Cf.			
	Miami Joeteau E-mail address: (City/State and Zip Code City/State and Zip Code Code Code Code Code Code Code Code Area Code Code	cation)	130 EE	FILED
For further information c	oncerning this matter, please ca	all:	(SS)	- n - >	
Jose Name o	L Pekez f Person	at (<u>(305</u>) <u>690 -</u> Area Code Daytime	9997 = Telephone Number	= 	
Enclosed is a check for the	ne following amount:				
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status	

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

540 T	eam LLC	
(<u>Name of the Limited Liabil</u> (A Florid	ty Company as it now appears on our r Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability C Florida document number <u>L1700013244</u>	Company were filed on 06-0	q - () and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited 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 ADD)	100 S. Biss Suite 30 Miumi Fi	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	100 S. A Suite 30 Miami,	Biscurne Blud FC 33131
B. If amending the registered agent and/or registered agent and/or the new registered office add	lress here:	cords, enter the mame of the new
Name of New Registered Agent:	Kafuel Gordi	10 00 -
New Registered Office Address:	100 S Biscayne Enter Florida street	Aludon Svite 300
	Mi ami	Florida: 33t3/ 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>	<u>Address</u>	Type of Action
MGR	Jose L Pezez	17707 NW Miani Ct	<i></i> □ bba □
		MIAMI, FL 33164	
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ective date, if other	r than the date of	filing:	r to date of filing or r	now than 90 days a	ptional)	Pursuant to 6	505 020
te: If the date inserte	ed in this block does	not meet the appli	cable statutory filit	ng requirements,	this date	will not be l	isted a
cument's effective da	e on the Departmen	it of State's records	.				
record specifies	a delaved effecti	ive date, but n	ot an effective	time, at 12:0	1 a.m. (on the ear	rlier d
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Page 3 of 3

Filing Fee: \$25.00