

L17000160034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

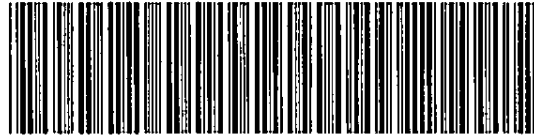
(Document Number)

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FILED  
17 OCT 26 AM 2:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Signature]*  
10/27/17

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 62D TEAM LLC

\_\_\_\_\_  
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:

PAUL A. HERMAN

\_\_\_\_\_  
Name of Person

CONSUMER ADVOCATES LAW GROUP PLLC

\_\_\_\_\_  
Firm/Company

4801 LINTON BLVD, SUITE 11A-560

\_\_\_\_\_  
Address

DELRAY BEACH, FL 33445

\_\_\_\_\_  
City/State and Zip Code

PAHERMAN1956@GMAIL.COM

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

For further information concerning this matter, please call:

PAUL A. HERMAN

305 236-8851  
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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

62D TEAM LLC

(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 07/26/2017 and assigned  
Florida document number L17000160034.

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)

4801 LINTON BLVD.

SUITE 11A-560

DELRAY BEACH, FL 33445

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4801 LINTON BLVD.

SUITE 11A-560

DELRAY BEACH, FL 33445

**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:

PAUL A. HERMAN

New Registered Office Address:

4801 LINTON BLVD. SUITE 11A-560

*Enter Florida street address*

DELRAY BEACH

Florida

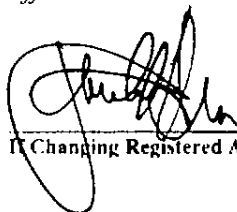
33445

*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)

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17 OCT 26 AM 2:17  
TALLAHASSEE FLORIDA

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>
MGR	JOSE L. PEREZ	17707 NW MIAMI CT	<input type="checkbox"/> Add
		SUITE 101	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33169	<input type="checkbox"/> Change
MGR	ZONIA ESPINAL	17707 NW MIAMI CT	<input type="checkbox"/> Add
		MIAMI, FL 33169	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

ALLAHSS

**E. Effective date, if other than the date of filing:** OCTOBER 23, 2017 (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 1605.02(a)(3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be stated 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 OCTOBER 23

2617

Signature of a member or authorized representative of a member

MICHAEL A. SURO

Typed or printed name of signee

FILED  
17 OCT 26 AM 2:11  
FBI - TAMPA  
RECEIVED OCT 26 1964  
TALLAHASSEE FLOOR 1