

L17000/60034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

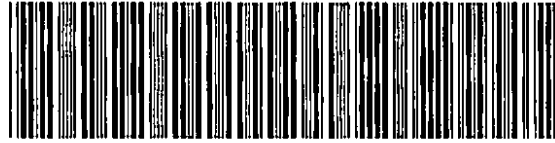
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300306653573

12/15/17--01020--020 **35.00

FILED IN 1700034

17 DEC 20 PM 3:02

O SIMMONS
DEC 20 2017

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:

SAMUEL C. PATTERSON

Name of Person

62D TEAM LLC

Firm/Company

455 NE 5TH AVE, SUITE D-444

Address

DELRAY BEACH, FL 33483

City/State and Zip Code

SAMUELCPATTERSON@GMAIL.COM

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

For further information concerning this matter, please call:

SAMUEL C. PATTERSON

561 346 8555
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

2017 DEC 23 PM 3:13

**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 7/26/2017 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)

455 NE 5TH AVE, SUITE D-444
DELRAY BEACH, FL 33483

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

455 NE 5TH AVE, SUITE D-444
DELRAY BEACH, FL 33483

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:

Samuel C. Patterson

New Registered Office Address:

455 NE 5TH AVE, SUITE D-444

Enter Florida street address

DELRAY BEACH, FL 33483

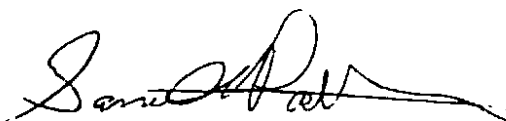
, Florida

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.



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>	<u>Type of Action</u>
MGR	MICHAEL SURO	4611 S UNIVERSITY DRIVE	☐ Add
		STE 187	☒ Remove
		DAVIE, FLORIDA 33326	☐ Change
MGR	PAUL A. HERMAN	4801 LINTON BLVD	☐ Add
		SUITE 11A-560	☒ Remove
		DELRAY BEACH, FLORIDA 334	☐ Change
MGR	SAMUEL C. PATTERSON	455 NE 5TH AVE, SUITE D-444	☒ Add
		DELRAY BEACH, FL 33483	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

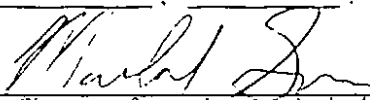
17 DEC 20 PM 3:42

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 _____


Signature of a member or authorized representative of a member

MICHAEL SURO, MGR

Typed or printed name of signee