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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
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COVER LETTER

63D TEAM SUBJECT:			
SUBJECT:	Name of Limit	ted Liability Company	<u>. </u>
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	PAUL A. HERMAN		
		Name of Person	· · · · · · · · · · · · · · · · · · · ·
	CONSUMER ADVOCATI	ES LAW GROUP PLLC	
		Firm/Company	
	4801 LINTON BLVD. SU	TTE 11A-560	
		Address	
	DELRAY BEACH, FL 334	145	
		City/State and Zip Code	······································
	PAHERMAN1956@GMAI		
	E-mail address: (t	to be used for future annual report notifi	ication)
For further information c	oncerning this matter, please ca	all:	
PAUL A. HERMAN		561 236-8851	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t			
□ \$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:

TO:

Registration Section
Division of Corporations

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

63D TEAM LLC

company has been notified in writing of this change.

(Name of the Limi	(A Florida Limited	any as it now appears on our i Liability Company)	records.)		
The Articles of Organization for this Limited L Florida document number £17000162870	Liability Company	were filed on $\frac{07/21/2017}{}$		and a	nssigned
This amendment is submitted to amend the fol-	lowing:				
A. If amending name, enter the new name of	of the limited liab	oility company here:			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or the al	obreviation	"L.tC."
Enter new principal offices address, if appli	cable:	4801 LINTON BLVD.			
(Principal office address MUST BE A STREE		SUITE 11A-560			
	317102100007	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 3	3445		
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	PAUL A. HER	MAN	cords, <u>enter</u>	the nam	5727 M
New Registered Office Address:	4801 LINTON BLVD. SUITE 11A-560 Enter Florida street address		ardd ron	42	33.
	DELRAY BEA	СН	_, Florida <u>33</u>	445 445	64
		Ciţy		Zip Сос	ie
New Registered Agent's Signature, if changing	Registered Agent:				ļ
I hereby accept the appointment as registery provisions of all statutes relative to the prop					

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person b	eing added
or removed from our records:	İ

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JOSE L. PEREZ	17707 NW MIAMI CT	
		SUITE 101	■ Remove
		MIAMI, FL 33169	Change
MGR	ZONIA E. ESPINAL	17707 NW MIAMI CT	Add
		MIAMI, FL 33169	■ Remove
			Change
			□ Add
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	Signature of a member or authorized representative of a member			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00