

L17000197754

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2017 DEC -4 AM 8:49

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Detail 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:

Cynthia Burns & Hawken Runquist
Name of Person

Detail Team LLC
Firm/Company

4324 SW 5th Place
Address

Cape Coral, FL 33914
City/State and Zip Code

burnsie-1@msn.com ; runquist.co@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cindi Burns or Hawken Runquist at (239) 244-7754
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

REC-1, Ad 8:49

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

Detail 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 Sept. 25th 2017 and assigned Florida document number L17000197754.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Stays the same

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:

stays the same

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

stays the same

(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:

stays the same

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.

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	Cynthia Burns	4324 SW 5 th PL, Cape Coral, FL. 33914	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	Cynthia Burns	4324 SW 5 th PL, Cape Coral, FL. 33914	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
te: MGR	Hawken Rungist	= Stays the same	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
te: AMBR	Hawken Rungist	= Stays the same	<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

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27 DEC -4 4:18:43

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.

Dated 11-29, 2017

Cynthia Burns Hawken Rungquist
Typed or printed name of signee