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SE JETARY OF STATE
TALLAHASSEE FLORIDA

J. LEGGETT NOV - 3 2017

COVER LETTER

то	: Registration Sec Division of Corp	rtion porations		
CI		ER TEAM, LLC		
SU	вјест:	Name of Lim	ited Liability Company	 -
The	enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Plea	ase return all correspor	ndence concerning this matter	to the following:	
		JO ANN M. KOONTZ		
			Name of Person	
		KOONTZ & ASSOCIATE	S, PL	
			Firm/Company	
		1613 FRUITVILLE RD.		
		<u> </u>	Address	
		SARASOTA, FL 34236		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notific	ration)
For	further information co	ncerning this matter, please ca	all:	
Ю	ANN M. KOONTZ		941 225-2615 at ()	
	Name of	Person	Area Code Daytime	l'elephone Number
Enc	closed is a check for the	e following amount:		
	\$25.00 Filing Fee	S30.00 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

THE WINTER TEAM, LLC		
(Name of the Lim	ited Liability Company as it now ap (A Florida Limited Liability Compa	pears on our records.) ny)
The Articles of Organization for this Limited I		and assigned
This amendment is submitted to amend the fol		
A. If amending name, enter the new name	of the limited liability compan	<u>y here</u> :
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 appli	cable:	<u> </u>
Principal office address MUST BE A STRE	ET ADDRESS)	<u> </u>
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	<u> </u>	-3 A D 5
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:		on our records, enter the name of the ne
	1613 FRUITVILLE RD.	
New Registered Office Address:		Florida street address
	SARASOTA	Florida ³⁴²³⁶
	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, Thereby 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>	Name	<u>Address</u>	Type of Action
MGR	CAROLYN J. WINTER	8320 MISTY LAKE CIR.	□ Add
		SARASOTA, FL 34241	■ Remove
			□ Change
			Add
		 	☐ Remove
			□ Change
			☐ Add
			Remove
		.	Change
			□ Add
			☐ Remove
			Change
			Remove
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		· · · · · · · · · · · · · · · · · · ·	Add
			□ Remove
			Change

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		LONIDA 10: 40
		DA 40
Effective date, if other than the da	te of filing:	(optional)
If an effective date is listed, the date must be	specific and cannot be prior to date of filin	ng or more than 90 days after filing.) Pursuant to 605.0207
Note: If the date inserted in this block document's effective date on the Depa	does not meet the applicable statutory timent of State's records.	y filing requirements, this date will not be listed as
		tive time, at 12:01 a.m. on the earlier of
The 90th day after the record	is filed.	
Dated NOVEMBER 1	2017	
	·	
do an in toon	7	
Sig	nature of a member or authorized represer	ntative of a member
JO ANN M. KOONTZ		
· · -		

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Filing Fee: \$25.00