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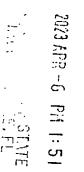
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## **COVER LETTER**

TO: Registration Se- Division of Cor				
75D Team !	LLC			
SUBJECT:	Name of Linu	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are subt	mitted for films.		
	ndence concerning this matter			
	Jose Perez			
		Name of Person		•
	75D Team LLC			
		Firm/Company		_
	8910 Miramar Parkway # .	204	•	<b>2023</b>
	<del></del>	Address		2023 AFR
	Miramar FL 33025			on on
		City/State and Zip Code		
	accounting@econoteam.net		·····	PH I: 5
For further information c	E-mail address: ( oncerning this matter, please c	to be used for future annual report notif all:	nearion)	년 전문
Jose Perez		305 215-5896 at ()		
Name o	f Person	Area Code Daytim	e Telephone Numb	er
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	(I) \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &
Mailing Addres		Street Address:		
Registration : Division of C		Registration Se Division of Cor		
P.O. Box 632	<u> </u>	The Centre of T	Fallahassee	
Tallahassee.	FL 32314	2415 N. Monro	e Street, Suite	810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

pany as it now appears on our r d Liability Company)	ecords.)		
ny were filed on March 1st 20	023	_ and assigne	d
ability company here:			
bility Company," the designation	"LLC" or the abbre	viation "L.L.C."	,
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	11.	===	<del>7 - 9</del>
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e address on our records, <u>e</u>	nter the name d	;	<u>gistere</u>
Enter Florida street o	iddress	<del>.</del>	
City	_, Florida	Zip Code	
	ability company here: bility Company." the designation  e address on our records, e	bility Company here:  bility Company," the designation "LLC" or the abbre	ability company here:  bility Company," the designation "LLC" or the abbreviation "L.L.C."    Designation   Design

## 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 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>	Address	Type of Action
MBR	GARCIA PACHECO, RAFAEL	8910 Miramar Parkway Suite # 204	🗆 Add
		Miramar FL 33025	■Remove
			☐ Change
			□Add
			□Remove
			Change
			6 Remove Change
			□Add
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	n, enter change(s				
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Effective date, if other than the da	ite of filing:	ch 1st 2023	or more than 90 days af	tional)	nt to 605.0207 (
fan effective date is listed, the date must be Note: If the date inserted in this block	does not meet the	applicable statutory			
fan effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depa e record specifies a delayed effective d	does not meet the artment of State's re	applicable statutory ecords.	filing requirements, t	his date will no	t be listed as t
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Filing Fee: \$25.00