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SECRETARY OF STATE

COVER LETTER

Divi	sion of Corp	orations				
SUBJECT:		TEAM HOME SALES LLC				
Name of Limited Liability Company						
The enclosed	Articles of A	mendment and fee(s) are sub-	mitted for filing.			
Please return	ali correspon	dence concerning this matter	to the following:			
		MARGARITA MARTIN				
Name of Person						
TAX MEDIC CORPORATE SERVICES LLC						
Firm/Company						
7911 NW 72ND AVE SUITE 223A MEDLEY FL 33166						
		· · · · · · · · · · · · · · · · · · ·	Address			
		MEDLEY FL 33166				
	•		City/State and Zip Code			
		TAXMEDIC911@GMAIL.				
		E-mail address: (t	to be used for future annual report notifica	tion)		
For further in	formation co	ncerning this matter, please ca	ıll:			
Y KUAHAR	A		786 553-1869			
	Name of	Person	Area Code Daytime Te	elephone Number		
Enclosed is a	check for the	following amount:				
■ \$25.00 Fi	ling 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

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

KUAHARA TEAM HOME SALES LLC		
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our reco Liability Company)	rds.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000054516</u> .	were filed on 03/01/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
YOHANNA KUAHARA LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2690 WESTON RD	·
(Principal office address MUST BE A STREET ADDRESS)	SUITE 101	2018 SEC
	WESTON FL 33331	AH.
Enter new mailing address, if applicable:	2690 WESTON RD	W 10
(Mailing address MAY BE A POST OFFICE BOX)	SUITE 101	70 3 11
	WESTON FL 33331	RAS
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	e: Enter Florida street addr	
	City , r	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

or removed MGR = N	I from our records: Annager		
AMBR = A	Authorized Member Name	Address	Type of Action
			Add
			□ Remove
			Change
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(If an effect Note: If	date, if other than the date of filing: 05/04/2018 (optional) ve 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 605.02 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed 's effective date on the Department of State's records.	207 (3)(b as the
If the recor (b) The 9	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier Oth day after the record is filed.	of:
Dated	May 4th 2018.	
	Signature of a member or authorized representative of a member	
	Vinhama Kuahana	

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Filing Fee: \$25.00