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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

Division of Cor	rporations	•			
KWIK TEA	AMS LLC			I	
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
	ondence concerning this matter	_			
	Jean Deglon				
		Name of Person	<del> </del>		
		Firm/Company			
	14980 Windbluff st				
		Address			
	Davic, FL 33331				
		City/State and Zip Code		هد دراسد	
	jean@floridainv com			<u>**</u> ⊆	
	E-mail address: (	to be used for future annual report notifi-	cation)		۲۳.
For further information of	concerning this matter, please c	all:		27 IASSE	
Jean Deglon		954 770 5348		<u>mc.</u> =:	
Name o	of Person	at () Area Code Daytime	Telephone Number	7 AN ITE 18	: - 5
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	e of Status &	

MAILING ADDRESS:

TO:

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

KWIK TEAMS LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L18000095689	were filed on April 16, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
KWIK TEAM LLC		
The new name must be distinguishable and contain the words "Limited Liab.	ility Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		18 JUL 27 AH I I the noter the DA
Name of New Registered Agent:  New Registered Office Address:	Finter Florida street address	
	, Florida	a
	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 hability 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 Type of Action <u>Address</u> <u>Title</u> **Name** □ Add ☐ Remove ☐ Change  $\square$  Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add 18 Remove AH 14: 18 \_□ Remove \_ Change \_□ Add □ Remove ☐ Change Page 2 of 3

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	e record s	specifies a delayed	effective date	e, but not a	ın effective I	time, at 12:0:	1 a.m. on the	earlier of
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed.	 Dated /	7/23/18						
The 90th day after the record is filed.			` _	7	•			
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Page 3 of 3

Filing Fee: \$25.00