

L18000144927

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

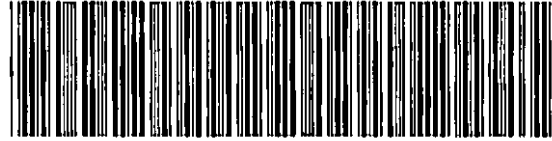
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED

OCT 15 2018

STATE OF FLORIDA

FILED

Handwritten scribbles at the bottom right corner.



LAW OFFICES OF  
JAMES L. MANFRE

2018 NOV -5 PM 1:27

Florida Department of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

October 31, 2018

Dear Sir or Madam:

We are in receipt of your two letters dated October 22<sup>nd</sup> and October 23<sup>rd</sup> of 2018 stating we requested the "Articles of Amendment to the Articles of Organization" be returned unfiled. We did not make that request. We realized the first amendment we filed submitted on October 3, 2018 contained an error and was told by a representative on the telephone to submit another form which we did on October 18, 2018. Due to the Registration Section's office closure, we believe both our correspondence may have crossed in the mail.

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D-7

Enclosed please find an "Articles of Amendment to the Articles of Organization" for Team Realty Development, LLC. We have not enclosed a check for thirty dollars (\$30.00) because you have received that amount from our company from our attempts to file this document earlier this month. Please apply that payment to this filing. If all is in order, kindly file the "Articles of Amendment to the Articles of Organization" accordingly return the appropriate documentation and Certificate of Status.

If you have any questions or concerns, please feel free to contact me.

Sincerely,

*James L. Manfre*  
James L. Manfre, Esq.  
Attorney-at-Law

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** TEAM Realty Development, 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:

James L. Manfre

\_\_\_\_\_  
Name of Person

TEAM Realty Development, LLC

\_\_\_\_\_  
Firm/Company

389 Palm Coast Parkway, S.W., Ste. 4

\_\_\_\_\_  
Address

Palm Coast, FL 32137

\_\_\_\_\_  
City/State and Zip Code

james@manfrelaw.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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NOV -5 P 7:10  
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

James L. Manfre

386 793-0216

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing 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  
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**

TEAM Realty Development, 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 June 12, 2018 and assigned Florida document number L18000144927.

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

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NOV - 5 P 7:10  
TALLAHASSEE, FLORIDA

Enter new mailing address, if applicable:

(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: \_\_\_\_\_

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	James L. Manfre	51 River Trail Dr. Palm Coast, FL 32137	<input type="checkbox"/> Add  <input type="checkbox"/> Remove  <input checked="" type="checkbox"/> Change
AMBR	Comelia Manfre	51 River Trail Dr. Palm Coast, FL 32137	<input type="checkbox"/> Add  <input type="checkbox"/> Remove  <input checked="" type="checkbox"/> Change
AMBR	Drew Bycoskie	105 Glen Eagle Dr. Blue Bell, PA 19422	<input type="checkbox"/> Add  <input type="checkbox"/> Remove  <input checked="" type="checkbox"/> Change
AMBR	Bernard Laskowski	25 Radcliff Dr. Palm Coast, FL 32164	<input type="checkbox"/> Add  <input type="checkbox"/> Remove  <input checked="" type="checkbox"/> Change
AMBR	Peter Zahn	244 S. Palmetto Ave. Daytona Beach, FL 32114	<input type="checkbox"/> Add  <input type="checkbox"/> Remove  <input checked="" type="checkbox"/> Change  <input type="checkbox"/> Add  <input type="checkbox"/> Remove  <input type="checkbox"/> Change

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 PALM BEACH COUNTY  
 CLERK OF COUNTY

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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NOV 5 10  
P 7 10  
TALLAHASSEE FLORIDA

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective 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 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated October 31 2018

James L. Manfre  
Signature of a member or authorized representative of a member

James L. Manfre  
Typed or printed name of signee