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K. SALV JUL 20 2018

COVER LETTER

Division of Corpor	ations		
SUBJECT: TEAM	RELOCATION Name of Limite	GROUP, LLC ed Liability Company	
The enclosed Articles of Am	endment and fee(s) are subm	itted for filing.	
Please return all corresponde	nce concerning this matter to	the following:	
, read (or an early and e	•••	-	
	Edward	Smith	
		Name of Person	
		Firm/Company	
	706 Stir	nett Drive	
		Address	
	Ocoee,1	Florida 34761 City/State and Zip Code OCATION Services are to be used for future annual report notifice	
	1 .	City/State and Zip Code	2 - 1 -
-	E-mail address: (to	be used for future annual report notifice	supalgmail. com
For further information conc	erning this matter, please cal	1:	
Edward S Name of Pe	mith	at (<u>467</u>) <u>487-03</u> Area Code Daytime T	89 Telephone Number
Enclosed is a check for the t	Ollowing 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:

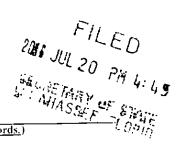
TO:

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



TEAM RELOCATION GROUP, 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 Compan	ny were filed on July 16, 2018	and assigned
Florida document number <u>L 1800 0170547</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
TEAM RELOCATION SERV	IICES GROUP, LLC	
The new name must be distinguishable and contain the words "Limited Lia	bility 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)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	eg 11	- the name of the new
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, ente	r the name of the new
registered agent under the new		
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 amendi or remove	f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being added or removed from our records:		
MGR = AMBR =	Manager Authorized Member	Address Address	
<u>Title</u>	Name	Address Type of Action	
		□ Remove	
1 11 - E.			
		□ Remove	
		Change	
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ive date, if other than the date of filing: ective date is listed, the date must be specific and cannot be prior to date. If the date inserted in this block does not meet the applicable strent's effective date on the Department of State's records.	of filing or more than 90 days after filing.) Pursuant to 605.029
cord specifies a delayed effective date, but not an organization of the secord is filed.	effective time, at 12:01 a.m. on the earlier
July 20 2018	·
July 20 2018. Signature of a member or authorized to	representative of a member
Edward Smith Typed or printed fram	

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Filing Fee: \$25.00