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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name)
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
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A. BUTLER JUL 28 2022

COVER LETTER

TO:

Registration Section

Division of Co.	rporations					
SUBJECT:	TEAM UP AN Name of Lim	571 - BULLYING ited Liability Company	Sauro UC			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
		Name of Person				
	79AM	OP AUTIBUW Firm/Company	ywo sound uc			
	2650 N	SE 189M TERA Address	nce			
	MIAM	City/State and Zip Code	33180			
	E-mail address: (to be used for future annual report noti	fication)			
For further information	concerning this matter, please c	all:				
Name Name	Firm/Company 2650 NE 189 th TERRACE Address MIAMI, FL 3888 33180 City/State and Zip Code E-mail address: (to be used for future annual report notification) ation concerning this matter, please call: Name of Person Area Code Daytime Telephone Number k for the following amount: Fee \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)					
Enclosed is a check for	the following amount:					
\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy			
Mailing Address Registration Division of 6 P.O. Box 63	Section Corporations	Street Address: Registration Se Division of Co The Centre of	rporations			
Tallahassee,		2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

	7000
TRAM UD	AUTI-BULYING SOUBOPHYAR
(Name of the Limited Liability (Company as it now appears on our records.) united Liability Company)
(A Florida El	FALL ATTE
The Articles of Organization for this Limited Liability Con-	npany were filed on 07 30 7018 and assigned
Florida document number <u>L1800018242</u>	6
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here:
The new name must be distinguishable and contain the words "Limited	d 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 ADDRES	<u>SS)</u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered o	office address on our records, enter the name of the new registere
agent and/or the new registered office address here:	<u> </u>
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 A	Agent:
	d agree to act in this capacity. I further agree to comply with th
	uplete performance of my duties, and I am familiar with and
accept the obligations of my position as registered agei	nt 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>	Name	Address	Type of Action
AMBR	NOLBERTO PARRA	2650 NE 189M TER	<u>R</u> , X∖.\dd
		MIAMI FL (880)	□Remove
			□Change
AMBR	VIVIANI FEDELICY	PS411737 PBI 34 0205	K Add
		MIAMI, FL 33180	□Remove
			□ Change
			□Add
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record sp Fis filed.		ed effective dat	e, but not a	n effective ti	me, at 12:01 a	m, on the ear	lier of: (b)	The 90th day af	ter the
	701 u	28		2027	<u>-</u> . ·				
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Filing Fee: \$25.00