

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000258004 3)))



H200002580043ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : IP ACCOUNTING GROUP & BUSINESS CONSULTANTS
Account Number : I20170000038
Phone : (305)324-2248
Fax Number : (305)324-4959

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: info@ipataxgroup.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FLORIDA TEAM INVESTORS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

AUG 14 2020

Aug. 3, 2020 4:19 PM FL Dunster & Associates, PA No. 0470 11/21/18

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FLORIDA TEAM INVESTORS, 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 11/21/18 and assigned
Florida document number L18000271084.

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)

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

City, Florida 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 maintaining Authorized Person(s), authorized to manage, enter the title, name, and address of each person self or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of A</u>
MGR	FRANK GAVIRIA GONZALEZ	2520 NE 184th Terr.	<input checked="" type="checkbox"/> Add
		North Miami Beach, FL 33160	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RAFAEL GONZALEZ	2520 NE 184th Terr.	<input type="checkbox"/> Add
		North Miami Beach, FL 33160	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JENNY C. ROMERO	2520 NE 184th Terr.	<input type="checkbox"/> Add
		North Miami Beach, FL 33160	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DORAL ROMERO	2520 NE 184th Terr.	<input type="checkbox"/> Add
		North Miami Beach, FL 33160	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

Aug. 3, 2020 4:19 PM IL Dunster & Associates, PA NO. 0470

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

ARTICLE IV:

The name and address of person(s) authorized to manage LLC, shall read as follows:

MGR: FRANK GAVIRIA GONZALEZ, Located at 2620 NE 184th Terr., N. Miami Beach, FL 33180

E. Effective date, if other than the date of filing: 8/3/20 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing by more than 90 days. All changes to the original document must be filed with the Department of State's records.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records will be the date of filing.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earliest (S) day of the month the record is filed.

Dated AUGUST 3 2020

Signature of a member or authorized representative of the member

FRANK GAVIRIA GONZALEZ

Typed or printed name of member