

L180000276534

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

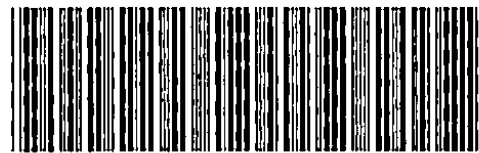
(Business Entity Name)

(Document Number)

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2019 OCT 24 PM 3:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Y. SULKER

OCT 25 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 10, 2019

TEAM SHERROD REALTY, LLC  
146 2ND ST N STE 310-DD  
ST.PETERSBURG, FL 33701

SUBJECT: TEAM SHERROD REALTY, LLC  
Ref. Number: L18000276534

We have received your document for TEAM SHERROD REALTY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker  
Regulatory Specialist III

Letter Number: 019A00020876

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

Team Sherrod Realty, 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 Nov. 30, 2018 and  
Florida document number L18000276534.

This amendment is submitted to amend the following:

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

Team Sherrod Mobile Home Sales, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L."

**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  
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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each per  
or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Ty</u>
_____	_____	_____	<input type="checkbox"/>
		_____	<input type="checkbox"/> R
		_____	<input type="checkbox"/> Cl
_____	_____	_____	<input type="checkbox"/> Ad
		_____	<input type="checkbox"/> Rem
		_____	<input type="checkbox"/> Chan
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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

ry.)

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than

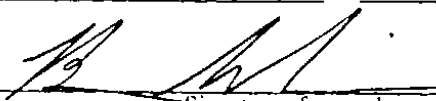
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirement, the document's effective date on the Department of State's records.

) Pursuant to 605.020  
will not be listed as

If the record specifies a delayed effective date, but not an effective time, a  
(b) The 90th day after the record is filed.

on the earlier of.

Dated October 22, 2019.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a me

Brian Calciano, Esq., as Authorized Representative

\_\_\_\_\_  
Typed or printed name of signee