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COVER LETTER

TO: Registration Division of C				
	O TEAM, LLC			The state of the s
SUBJECT:	Name of Lim	ited Liability Company		- 3355 E
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.		P. 08
				<u> </u>
	John K. Carter, Esq.			ı
		Name of Person		
	EFFECTO TEAM, LLC Name of Limited Liability Company and Articles of Amendment and feets) are submitted for filling. In all correspondence concerning this matter to the following: John K. Carter, Esq. Name of Person Carter Reymann Law, PA Firm Company 9500 Koger Blvd. #112 Address St. Petersburg, FL 33702 City/State and Zip Code raiderzguy@icloud.com E-mail address: (to be used for future annual report notification) rinformation concerning this matter, please call: or Name of Person Daytime Telephone Number s a check for the following amount:			
	9500 Koger Blvd. #112	Firm/Company		 ;
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	raiderzguy@icloud.com	City/State and Zip Code		
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For further information	n concerning this matter, please c	all:		
John Carter			-8970	
Nam	e of Person		Daytime Telephone Nur	nber
Enclosed is a check fo	r the following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	Certified Copy	Certi osed) Certi	ficate of Status & fied Copy
Reg Divi P.O.	istration Section Ision of Corporations Box 6327	Registrati Division (Clifton B	on Section of Corporations uilding	S:

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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STATE OF THE PARTY	
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27	

EFFETTO TEAM, LLC				
(Name of the Lim	ited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)	28	
The Articles of Organization for this Limited I Torida document number L18000284774		were filed on 12/11/2018	and assigned	
his amendment is submitted to amend the fol	lowing:			
A. If amending name, <u>enter the new name</u> (of the limited liab	ility company here;		
osephJZucchero, LLC			1	
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or the ab	breviation "L.L.C."	
Enter new principal offices address, if appli	cable:	N/A		
Principal office address MUST BE A STRE.	ET ADDRESS)			
			÷	
Enter new mailing address, if applicable:		N/A		
Mailing address MAY BE A POST OFFICE	EBOX)		- <u> </u>	
D. 16 and other than the surface of a second	ktoro or stakovil a	6°		
If amending the registered agent and egistered agent and/or the new registered or			the name of the r	iev
		_	·	
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
New Register of the 7 Miles.		Enter Florida street address		
		. Florida		
		City	Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:		Į.	
hereby accept the appointment as register provisions of all statutes relative to the properciple the obligations of my position as regioning filed to merely reflect a change in the company has been notified in writing of this	per and complete sistered agent as p crogistered office	performance of my duties, and I am jorovided for in Chapter 605, F.S. Or,	famili <mark>a</mark> r with and if this document is	he
			1	

If Changing Registered Agent, Signature of New Registered Agent

	g Authorized Person(s) authorized to n <u>from our records</u> :	ianage, <u>enter the title, name,</u> an	a address of each person being add
MGR = M AMBR = A	lanager Authorized Member		! ! !
<u>Title</u>	<u>Name</u>	Address	Type of Action
N/A	N/A	N/A	
			Add
			Remove
			☐ Change
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effective date is listed, the date mu e: If the date inserted in this b ument's effective date on the I	e date of filing: st be specific and cannot be prior to date of f lock does not meet the applicable statut Department of State's records.	iling or more than 90 days after filing.) ory filing requirements, this date w	Pursuant to 605.0 zill n o t be listed
record specifies a delaye he 90th day after the rec	d effective date, but not an effectord is filed.	ective time, at 12:01 a.m. o	n the earlier
ed	. 2019		
North 1	Signature of a member or authorized repre		
0	Signature of a member or authorized repre	sentative of a member	

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