L19000064084

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COVER LETTER

TO:	Registration Se Division of Co		·		
SUBJE	CT.	wyer Team LLC.			
SOBJE	<u> </u>	Name of Lim	ited Liability Company		
		Amendment and fee(s) are sub	_		
			Sandy Dwyer	22 22 22 22 22 22 22 22 22 22 22 22 22	
		 	Name of Person	77.	TILED
			Firm/Company		- "11
			739 Plaza Ct.		
			Address	7:	0:
			Orlando, Fl. 32803	3	
		dwyer	City/State and Zip Code team@bellsouth.net		
		E-mail address: (to be used for future annual report noti	fication)	
For furt	ther information c	oncerning this matter, please ca	d): 		
	Sandy	Dwyer	407 375 -50510 at ()	2_	
	Name o	f Person		e Telephone Number	
Enclose	ed is a check for th	ne following amount:			
■ \$ 25	5.00 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 enclose	

MAILING ADDRESS:

TO:

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**

Dwyer Team LLC.			ີ. ັວ	
(Name of the Limited Liability Compan (A Florida Limited L.	y as it now appears on o	ur records.)		•
(100)331023103103103103103103103103103103103103103	abini, company		ţ	-
he Articles of Organization for this Limited Liability Company of	were filed onMarc	h 6, 2019	_ and as:	signed
lorida document number L19000064084				· *
				ئ ئ ن
his amendment is submitted to amend the following:				(·
. If amending name, enter the new name of the limited liabil	lity company here:			
Sandra Dwyer LLC.				
ne new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designa	tion "LLC" or the abbre		.L.C.
nter new principal offices address, if applicable:	739 Plaza Ct.	; ·	哥哥	
Principal office address MUST BE A STREET ADDRESS)	Orlando, Fl. 328	03 %5.	πi ι	
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nter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·		· <u> </u>	
Mailing address MAY BE A POST OFFICE BOX)				
	_			
. If amending the registered agent and/or registered off egistered agent and/or the new registered office address here.		records, enter the	e name	of the
nel e	•			
Name of New Registered Agent: Sandy Dwye	r			
Name of New Registered Agent.				
New Registered Office Address: 739 Plaza Ct				
	Enter Florida str	eet address		
Orlando		, Florida <u>3280</u> 3	3	
	City	, 1 1011044		

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is eing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability ompany has been notified in writing of this change.

-If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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>	<u>Name</u>	Address	Type of Action
Mer	MICHAEL DWYTE	139 PLAZA CT. ORLANDO FL. 32803	Add
	/	ORLANDO FL. 32803	□ Remove
			Change
			🗆 Add
			□ Remove
			Change
		M. Kanada	Add Remove
		En E	Change
			□ Remove
			Change
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			Remove
			
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	 	<u> </u>		
E. Effective date, if other than the date of filing:		(4	optional)	
(If an effective date is listed, the date must be specific and cannot be Note: If the date inserted in this block does not meet the	e prior to date of fili applicable statuto	ng or more than 90 days	after filing.) Pursuant t	o 605.0207
document's effective date on the Department of State's re-			•	
f the record specifies a delayed effective date, bub) The 90th day after the record is filed.	ut not an effec	tive time, at 12:0	01 a.m. on the e	arlier of
Deved				
Dated	<u> </u>			
Jarne	1100	48/1		

Page 3 of 3

Filing Fee: \$25.00