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PEPAR MASSIEL FLORIDA

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COVER LETTER TO: Registration Section **Division of Corporations** Name of Limited Liability Compan The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: future annual report notification) For further information concerning this matter, please call: Daytime Telephone Number Enclosed is a check for the following amount: □ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section **Division of Corporations** Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT

TO

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**OF** 

A-TEAM FT	oring/Fints LLC
	ompany as it new appears on our records.) nited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number $2190019$	
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 ADDRES	S) iso
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	ed office address on our records, enter the name of the new
Name of New Registered Agent:  New Registered Office Address:	ANIE FERSON  OF THE SON BELL  Enter Florida street address
	15/A PILON, Florida 34428  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

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Daniel Frgun	120	
			Remove
m. 20	Munne K	2	Change
MGR	7 HUMAD PERSISON	(NSFA) RIGER 344	Z Add
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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

or removed from our records:

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ne 90th day after the reco	ra is riiea.			
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	Signardre of a member or authori	ized representative of a m	emoci	

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