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FILED 2019 DEC 30 FM 4: 22 SEPTEMBER 17: 128

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JAN 2.0 2020 ALBRITTON

Cover Letter

Team Florida FFS, LLC

Registered Agent: Lisa A. Goetschius

Amended Address: 401 Biscayne Blvd.

Suite P106/5700

Miami Fl, 33132

Phone Number: 203-910-5449

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		orida tt	J, KK()	
(Name of the Limited I (A	iability Compar	ny as it now appears	on our records.)	
				12 M
The Articles of Organization for this Limited Liabi	lity Company	were filed on	8-19-19	andassigned
Florida document number <u>L190002105</u>	5 <i>13</i> .			W S W
This amendment is submitted to amend the following	ng:			P O
A. If amending name, enter the new name of th	e limited liabi	lity company her	<u>e</u> :	7
	-			2
The new name must be distinguishable and contain the word	s "Limited Liabili	ity Company," the des	ignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	_401 B	iscarne B	IVd
(Principal office address MUST BE A STREET	(DDRESS)	Suite	Ploce/Spa	re 5700
		_ Miami	, FL 33	132
			•	
Enter new mailing address, if applicable:		A		
(Mailing address MAY BE A POST OFFICE BO	<u>(X)</u>			
B. If amending the registered agent and/or regi		ddress on our rec	ords, <u>enter the na</u>	me of the new registered
agent and/or the new registered office address h	ere:			
	,	Λ		
Name of New Registered Agent:	<u>ki</u>	<u>sa A. 60e</u>	15ch105	<u> </u>
N. D. San J. O. Communication	40	1 historial	BIVA. Suite (106 Space 5700
New Registered Office Address:		EnterFloria	la street address	Miami, FL
	M	liami	, Florida	33132
•		City		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 person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Christopher A. Johnson	206/2 West Jones Street	□Add
	•	206/2 West Jones Street Savannah, GA 31401 U	S Remove
			□Change
MGR	Sara M. Johnson	206/2 West Jones Stree Savannah, GA 31401 US	Add
		Savannah, GA 31401 US	Remove
			□Change
			🗆 Add
			□Remove
			□Change
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			□Remove
			🗆 Change
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			□Remove
			□Change
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n effective ote: If the		, the date mus ed in this bl	st be speci ock does	fic and cannot not meet t	ot be prior he applic	to date of fi able statute	ling or more	than 90 day	s after fili	ng.) Pursu	ant to 605.020' ot be listed as
is filed.											day after the
	De	cembe	r 13	<u>5</u> , <u> </u>	2019	<u>_</u> .					
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nted	Lis	à a.	Signatur	e of a memb	er or auth	orized repre	sentative of	a member			

Filing Fee: \$25.00