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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone #)	
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(Bu	siness Entity Name)	
(Do	cument Number)	
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: BY	Peezy Dream	n Team, L ited Liability Company	LC s
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	A S
	Canda	ce Braxto /	Sabrina Clark.
	Breezy I)ream Team Firm/Company	,LLC
	10625 L	ake Montaul	L De
	Rivervie	S Florida 33 City/State and Zip Code	3578
	breezy dr E-mait address: (1	eam team e a m	all-com
For further information c	concerning this matter, please ca	ill:	
Sabrina Name o	Clark of Person	at (813) 462 Area Code Daytin	-6943 ne Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration (Division of C P.O. Box 632	Section Corporations	Street Address: Registration Se Division of Co The Centre of T	rporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

, ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Breezy Drea	m Team, LLC
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liab	oility Company were filed on 10/14/2019 and assigned 5.7168
This amendment is submitted to amend the follow	ring:
A. If amending name, enter the new name of the	ne limited liability company here:
The new name must be distinguishable and contain the word Enter new principal offices address, if applicable (Principal office address MUST BE A STREET)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>DX)</u>
B. If amending the registered agent and/or reg agent and/or the new registered office address	istered office address on our records, <u>enter the name of the new registered</u> <u>here</u> :
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	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>	Name	Address	Type of Action
MGR	Candace Braxton	13142 N. 22ml St Apt 10	DS (BAdd
		Tampa Florida 33612	Remove
			□Change
			□Add
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			Change
			DAdd
			□Remove

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Page 2 of 3

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ective dat	e, if other than the date of filing: (optional) tte is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02
te: If the d	ate inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
rument's ef	Tective date on the Department of State's records.
	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier day after the record is filed.
	54, 47.51 the recent 12 mea.
ed Na	vember 26 2019.
	
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Sabina Clark
	Sabrina Clark Typed or printed name of signee