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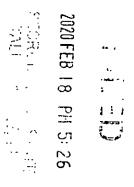
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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## **COVER LETTER**

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:	Tehm 54 L	J.C	
	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jo	e Lo Cicero	
		Name of Person	
	Te	Firm/Company	
		Firm/Company	
	20735 Stor	Engton Dr. Sur	le 102
	Land o Lake	S City/State and Zip Code	
	E-mail address: (	54 Re c Hy, Ca.	fication)
or further information c	oncerning this matter, please c	all:	
Richard K	estory	at (8)3	541)
Name o	of Person	Area Code Daytim	e Telephone Number
nclosed is a check for the	he following amount:		
\$25.00 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 enclosed)
<u>Mailing Addres</u> Registration !		<u>Street Address:</u> Registration Se	ction
Division of C		Division of Cor	
P.O. Box 632	•	The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Team 54 LLC		
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)	
The Articles of Organization for this Limited Liability Company were for document number 42000016837	iled on $\frac{i/9/2020}{}$ and assign	ed
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liability co	mpany here:	
he new name must be distinguishable and contain the words "Limited Liability Com	pany." the designation "LLC" or the abbreviation "L.L.C	
nter new principal offices address, if applicable:		•
Principal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:	\$607 91	
Mailing address MAY BE A POST OFFICE BOX)		
		\$ a
IC and the share the second and the	PH	Training 2
. If amending the registered agent and/or registered office address tent and/or the new registered office address here:	on our records, enter the name of the <b>grew</b> re	<u>egisterec</u>
Name of New Registered Agent:		
New Registered Office Address:	<del></del>	
	Enter Florida street address	
Cit	Florida	
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## w Registered Agent's Signature, if changing Registered Agent:

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ereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and rept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ng filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability upany 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Richard Kestory	B445 Blythewood Dr.	
	V	B445 Blythe wood Dr. Spring Hill, Fl, 34609	□Remove
			□Change
			□Add
			□Remove
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ocument's effective	date on the Dep	artment of S	tate's records	5.				
ecord specifies a d	elayed effective	date, but not	an effective t	ime, at 12:01	a.m. on the e	arlier of: (b	) The 90th	day after t
is filed.								
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