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(R	equestor's Name)
(A	ddress)
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(D	ocument Number)
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S. YOUNG

COVER LETTER

TO: Registration Sec Division of Corp		
SUBJECT:	Team 54 LLC Name of Limited Liability Company	
	Name of Limited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.	
Please return all correspor	ndence concerning this matter to the following:	
	Richard Kestory Name of Person	
	Team 54 LLC Firm/Company	
	20735 Sterlington Dr. Suite 102	
	Land O Lakes, Cl. 34438 City/State and Zip Code Joe @ 54 Realty. Com E-mail address: (to be used for future annual report notification)	
For further information co	oncerning this matter, please call:	
123 chard Name of	d 16 story at (813) 435 - 5411 Area Code Daytime Telephone Number	_
Enclosed is a check for the	ne 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	tatus &

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Team 54		五 (b.) (c.
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our recor (Liability Company)	(ds.) 3 (m) 22
The Articles of Organization for this Limited Liability Compan Florida document number <u>L2,0000016837</u> .	y were filed on <u>A/o9/2</u>	020 and assigned
This amendment is submitted to amend the following:		. *
A. If amending name, enter the new name of the limited lia	<u>bility company here</u> :	
The new name must be distinguishable and contain the words "Limited Liah	oility Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ente</u>	r the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ess
		Îlorida
	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 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	Joe Locicero	22744 Cherokee Rose Pl	□Add
		Land Olakes, Fl. 34439	Z Remove
			□Change
MGR	Joseph Lococero	22744 CheroKee Rose Pl.	X Add
		Land Olakes, Fl. 34636	}_ □Remove
			□Change
			□Add
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effective date is liste te: If the date inser		ific and cannot be prior s not meet the applic	able statutory filing		iling.) Pursuant to 605.020 date will not be listed a
cord specifies a del s filed.	ayed effective date, b	out not an effective ti	ime, at 12:01 a.m. o	on the earlier of: (b)	The 90th day after the
ed July	24	2020	<u>) </u>		
	Signatur	re of a member or auth-	-		
		nerd Kee			

TILL TO 00 00