

To: 18506176383

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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : LEGAL TEAM PLLC  
Account Number : 120210000040  
Phone : (785)307-2393  
Fax Number : (123)456-789

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: Kswire2@legalteamservices.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
LEGAL TEAM, PLLC

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: LEGAL TEAM, PLLC**

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Karel Suarez

\_\_\_\_\_  
Name of Person

Legal Team, PLLC

\_\_\_\_\_  
Firm/Company

1815 SW 85th Court

\_\_\_\_\_  
Address

Miami, Florida 33155

\_\_\_\_\_  
City/State and Zip Code

ksuarez@legalteamservices.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karel Suarez

786 307-2393  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

**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

LEGAL TEAM, PLLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/16/2020 and assigned  
Florida document number L20000077733.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

THE LEGAL TEAM, PLLC

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 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 address on our records, enter the name of the new registered agent and/or the new registered office address here:**

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P, MGR	Karel Suarez	1815 SW 85th Court	<input type="checkbox"/> Add
		Miami, Florida 33155	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
S, T, MGR	Claudia Herbello	1815 SW 85th Court	<input checked="" type="checkbox"/> Add
		Miami, Florida 33155	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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Typed or printed name of signee

**Filing Fee: \$25.00**