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(Requestor's Name) (Address)	900351101899
(Address) (City/State/Zip/Phone #)	gadan 2a+-01097016 - ★★25.00
(Business Entity Name)	
(Document Number) Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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## .. COVER LETTER

TO:	Registration Section Division of Corpora					
	TEAM22, LLC		•	;	•	
SUBJI	ECT:		P <sup>4</sup>	•	e.	
		Name of Li	imited Liability Comp	pany		
The en	closed Articles of Ame	ndment and fee(s) are su	abmitted for filing.			
Please	return all corresponden	ce concerning this matte	er to the following:			
	١	Warren Lewis				
	_				·	

	Name of Person			
	Team 22, LLC			
	Firm/Company			
	4800 N. Federal Hwy 102A			
	Address			
	Boca Raton, Florida 33431			
	City/State and Zip Code warren.lewis@team22realty.com			
	E-mail address: (to be used for future annual report notification)			
or further informati	ion concerning this matter, please call:			
Warren Lewis	970 710-0810			
	at ()			
Na	me of Person Area Code Daytime Telephone Number			

Enclosed is a check for the following amount:

X \$25.00 Filing Fee

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□ \$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

TEAM22, LLC	4-15 AV 8:46		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	inv as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number	were filed on and assigned		
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liab</u>	<u>ility company here</u> :		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."	_	
Enter new principal offices address, if applicable:	4800 N. Federal Hwy 102A	_	
(Principal office address MUST BE A STREET ADDRESS)	Boca Raton, Florida 33431		
Enter new mailing address, if applicable:	4800 N. Federal Hwy 102A Boca Raton, Florida 33431	_	
(Mailing address MAY BE A POST OFFICE BOX)		-	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new regist</u>	<u>ered</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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

## MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address Start Start Start 8: 45	Type of Action
MGR	Kenneth Best	4800 N. Federal Hwy 102A, Boca Raton, FL 33431 46	XAdd
			🗆 Remove
			🗋 Change
MGR	Warren Lewis		🗆 Add
		4800 N. Federal Hwy 103A, Boca Raton, FL 33431	XRemove
		<del></del>	🗆 Change
MGR	Alain Brodeur		🗆 Add
		4800 N. Federal Hwy 103A, Boca Raton, FL 33431	Remove
			🗆 Change
MGR	Sahap Sicimoglu		🗆 Add
		4800 N. Federal Hwy 103A, Boca Raton, FL 33431	
			□Change
			🗆 Add
			🗆 Remove
			□Change
			□Add
			🗆 Remove
			🗌 Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: \_\_\_\_\_\_\_(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. ï

Dated	31 August 2020	
	Signature of a member or authorized representative of a member	
	Typed or printed name of signee	