

L20000345951

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

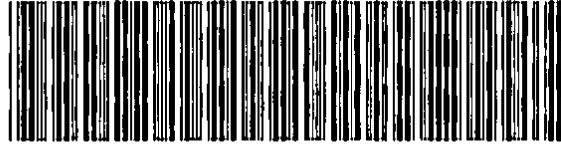
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

COVER LETTER

Registration Section
Division of Corporations

TEAM DESTINY LLC

SUBJECT: _____
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

KEVIN GIGUERE

Name of Person

Firm/Company

3433 E GULF TO LAKE HWY

Address

INVERNESS, FL 34453

City/State and Zip Code

PAMMCKINNEYUS@GMAIL.COM

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

For further information concerning this matter, please call:

PAMMCKINNEY

352

584-1498

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

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TALLAHASSEE, FL

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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**

TEAM DESTINY LLC

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

Articles of Organization for this Limited Liability Company were filed on 10/30/2020 and assigned
Florida document number L20000345951.

This amendment is submitted to amend the following:

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

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:

3545 LEGACY HILLS CT

Principal office address MUST BE A STREET ADDRESS

LONGWOOD, FL 32779

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

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

City

, Florida

Zip Code

By 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**

ending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
removed from our records:

R = Manager

BR = Authorized Member

| <u>e</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|----------|------------------------|-------------------------|--|
| R | MCKINNEY, PAMELA RENEE | 3433 E GULF TO LAKE HWY | <input type="checkbox"/> Add |
| | | INVERNESS, FL 34453 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| R | GIGUERE, KEVIN | 3545 LEGACY HILLS CT | <input checked="" type="checkbox"/> Add |
| | | LONGWOOD, FL 32779 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| R | GIGUERE, KEVIN | 3545 LEGACY HILLS CT | <input checked="" type="checkbox"/> Add |
| | | LONGWOOD, FL 32779 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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| | | | <input type="checkbox"/> Change |

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SECRETARY OF STATE
TALLAHASSEE, FL

17

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SECRETARY OF STATE
TALLAHASSEE, FL

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.

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.

Dated NOVEMBER 3RD 2022

Signature of a member or authorized representative of a member

PAMELA MCKINNEY

Typed or printed name of signee

Filing Fee: \$25.00