

L20 000392369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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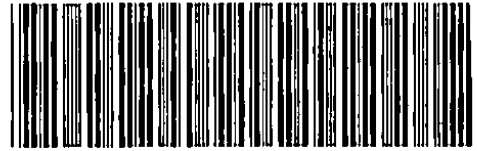
(Business Entity Name)

(Document Number)

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LA-
2/23/21

TO: Registration Section
Division of Corporations

SUBJECT: Price Team LLC
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:

Roderick C Price
Name of Person

Firm/Company

8951 Bonita Beach Rd SE Suite 525-
Address

Bonita Springs, FL 34135
City/State and Zip Code

price.roderick@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roderick C Price at 239 989 5305
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

Sue & Roderick Price

Sue 239-565-9293 price.susanmarie@gmail.com
Roderick 239-989-5305 price.roderick@gmail.com

Year Round Mailing Address:
8951 Bonita Beach Rd SE Suite 525-407
Bonita Springs, FL 34135

TO
ARTICLES OF ORGANIZATION
OF

Price Team LLC

(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 12/21/2020,
Florida document number L20000392369

This amendment is submitted to amend the following:

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

Susan Price LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviati

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 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 con provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar w accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this doc being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liabi company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent:

or removed from our records:

MGR = Manager

AMBR = Authorized Member

[illegible]

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

Blank lined area for amending information, crossed out with a diagonal line.

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

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 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 a record is filed.

Dated 1/19/2021, 2021.

Roderick C. Price

Signature of a member or authorized representative of a member

Roderick C. Price

Typed or printed name of signee