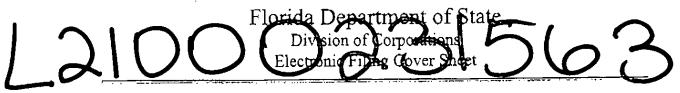
Division of Corporations

7/20/2021



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000276753 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: MANAUSA SHAW & MINACCI

Account Number : I20210000086

: (850)597-7616

Fax Number

: (850)270-6148

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

@manausalaw.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **TEAL DIGS - MC LLC**

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help



COVER LETTER

TO: Registration Section **Division of Corporations**

Teal Digs - MC 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:

Manausa snaw & minacci Firm/Company

1701 Hermitage Blvd, Suite 100

Tall anassee, FL 32308

City/State and Zip Code

Danny @ manausalaw. com

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

For further information concerning this matter, please call:

at (SO) 597-7 LO LO
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee \$\square\$ \$30.00 Filing Fee \$\text{Certificate of Status}\$

□ \$55.00 Filing Fce & 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 Tailahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

H210002767533

ARTICLES OF AMENDMENT H 2100027 67533

TO ARTICLES OF ORGANIZATION OF

Teal Digs-mc	LLC			
(Name of the Limited Liab (A Flor	pility Company a rida Limited Liabi	s it now appears or lity Company)	our records.)	
The Articles of Organization for this Limited Liability Florida document number 1210002315	y Company wer 5 <u>U</u> 3	re filed on _5_	/18/21	and assigned
This amendment is submitted to amend the following:	:			
A. If amending name, enter the new name of the li	imited liability	company here:		
The new name must be distinguishable and contain the words "I	Limited Liability (Company," the desig	nation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable:	-			
(Principal office address MUST BE A STREET AD	DRESS) _			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	! -			
B. If amending the registered agent and/or registe agent and/or the new registered office address her	ered office add <u>'e</u> :	lress on our reco	ords, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:				
New Registered Office Address:		Enter Florida	street aidress	
			, Florida	
		City		Žip Code
and the second s				

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:

H2100027 47533

MGR = Manager

AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
mar	Jaime Blue	*Her name reads as	□Add
		* Jamie * and needs to be	Remove
		changed to Jaime.	XChange
		· .	□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			DChange
			□Add
			□Remove
			□ Change
			DAdd
			[]Change

4210002767533

H2100027107533

				
			· · · · · · · · · · · · · ·	_
				-1 <u>~-</u>
				7
			_	·
_			-	 :
			•	
				112: 55
				<u></u>
	,			
fan effectiv Note: If th	late, if other than the date of fe date is listed, the date must be specific date inserted in this block does refective date on the Department	ic and cannot be prior to date of filing not meet the applicable statutory	or more than 90 days after filing filing requirements, this dat	g.) Pursuant to 605.020
record sp d is filed.	ccifies a delayed effective date, but	t not an effective time, at 12:01 s	i.m. on the earlier of: (b) T	he 90th day after the
Dated	July 19	<u> </u>		
	4	-\$- \$ -\$-\$		 ·
	Signature	of a member or authorized represen	ative of a member	

H210002767533