L21000348702

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COVER LETTER

TO: Registration So Division of Cor			
The Byrne	Team LLC		
SUBJECT:	Name of Lim	ited Liability Company	RECEIVED
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	2022 JAN 18 AM 8: 06
Please return all correspondence concerning this matter to t		to the following:	SECRETARY OF STATE TALLAHASSEE, FL
	Stephanie Byrne		
		Name of Person	
	The Byrne Team LLC		
		Firm/Company	
	1275 20th Ave Sw		
		Address	
	Largo, FL 33778		
		City/State and Zip Code	
	Byrnestephanie05@gmail.c		
	E-mail address: (to be used for future annual report notifica	tion)
For further information of	concerning this matter, please co	all:	
Stephanie Byrne		727 648-8980 at ()	
Name o	f Person		elephone Number
Enclosed is a check for t	he 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 of O P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corpoon The Centre of Tall 2415 N. Monroe S	rations lahassee
		Tallahassee, FL 33	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Byrne Team LLC		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Com	pany were filed on 05/27/2021	and assigned
Florida document number L21000248702		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u>(S)</u>	
		D22 JAN
		<u>₹</u> <u>1</u>
Enter new mailing address, if applicable:	 	
(Mailing address MAY BE A POST OFFICE BOX)		
		~ <u>#</u> 39
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Lines 1 toring Street uddress	
	, Florid	Zip Code
	CHY	200 0000

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>	Address	Type of Action
MGR	Stephanie Byrne	1275 20th Ave SW	■Add
		Largo, Fl 33778	□Remove
			□Change
AMBR Charli Vilcan	Charli Vilcan	2580 Nursery Rd	≣∧dd
		Clearwater, FL 33764	□Remove
			□ Change
			□ Remove
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an eff sote:	ive date, if other than the date of filing: (optional) ective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
recor i is fil	d 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 led.
ated	Jan. 8 th
	1-8
	Signature of a member or authorized representative of a member