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DIVISION OF COMPORATIONS
22 MAY 20 PM 12: 54

T. MATTHEWS

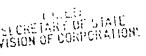
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## **COVER LETTER**

	egistration Se livision of Cor			•
Team Dillar		rd LLC	·	
SUBJECT	ı:	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please rett	irn all correspo	ondence concerning this matter	to the following:	
		Caryn Braun		
			Name of Person	<del></del>
		Team Dillard LLC		
			Firm Company	<del></del>
		40 Esper Ct		
			Address	
		Ft Myers, Fl 33912		
			City/State and Zip Code	· · · · ·
		Teamdillardsales@gmail.co		<del></del>
			to be used for future annual report no	otification)
For further	r information c	oncerning this matter, please c	all:	
Caryn Bra	nn.		602 769-5277	
	Name o	of Person		me Telephone Number
Enclosed i	s a check for the	he following amount:		
□ \$25.00	0 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)
	lailing Addres		Street Address: Registration S	ection
Division of Corporations		Division of Co	orporations	
	O. Box 632		The Centre of	
1	`allahassee, I	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION SECRETARY OF STATE OF OF CORPORATIONS TO



22 MAY 20 PH 12: 54

Team Dillard 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 Liabi	ility Company were filed on June 14, 2021	and assigned	
Florida document number 1.21000274736			
This amendment is submitted to amend the following	ing:		
A. If amending name, enter the new name of th	e limited liability company here:		
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicabl	le:		
(Principal office address MUST BE A STREET A			
Enter new mailing address, if applicable:	<del> </del>		
(Mailing address MAY BE A POST OFFICE BO	<del></del>		
B. If amending the registered agent and/or regi agent and/or the new registered office address b		r the name of the new registered	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street addre	200	
	, Florida		
New Registered Agent's Signature, if changing Reg		Zıp Code	
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as registe, being filed to merely reflect a change in the region company has been notified in writing of this change in the region.	igent and agree to act in this capacity. I fo and complete performance of my duties, a red agent as provided for in Chapter 605, gistered office address. I hereby confirm to	ind I am familiar with and , F.S. Or, if this document is	

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

Title	<u>Name</u>	Address	Type of Action
AMBR	John Dillard	40 Esper Ct	■Add
		Ft Myers, Fla 33912	□Remove
			□Change
AMBR	Jeffery Braun	550 Park Meadow Dr	■Add
		San Antonio, Tx 78227	□Remove
			□Change
		<del></del>	□Add
			Remove
			□Change
			□Remove
			☐ Change
		□Add	
			□Remove
			□Change
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			□Remove
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Effective date, if other than the fan effective date is listed, the date in Note: If the date inserted in this document's effective date on the	ust be specific and cannot be prior to block does not meet the applicab			
record specifies a delayed effect d is filed.	ve date, but not an effective tim	e, at 12:01 a.m. on the ear	lier of: (b) The 90th day after	the
Dated May 21	2022	_ ·		
- Cop	Gracen Signature of a member or authori	ized representative of a mem	ber	
Caryn Braun				
Caryn Diami		name of signee		

Filing Fee: \$25.00