121000398802

(Reques	tor's Name)
(Address	5)
(Address	5)
(City/Sta	te/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busines	s Entity Name)
(Docume	ent Number)
Certified Copies	Certificates of Status
Special Instructions to Filing	Officer:
	Q. SILAS
N.	IIV 12 2021

Office Use Only



700375908937

11/02/21--01018--014 **25.00



COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: I AM THE TEE 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:			
Andrea Strickland			
Name of Person			
I AM THE TEE LLC			
Firm/Company			
9424 Baymeadows Road, Suite 250			
Address			
Jacksonville, FL 32256			
City/State and Zip Code			
iam (a) am the tee. (m) E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Andrea Strickland at (904), 742-4221 Name of Person Area Code Daytime Telephone Number			
Enclosed is a check for the following amount:			
S25.00 Filing Fee S30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy (additional copy is enclosed) 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**

2021 NOV -2 AM 9: 11

I AM THE TEE LLC

(Name of the Limited Liability Company as it now appears on our records Out 18:31 11: \$11.75

	Liability Company) ALLA FASSA
The Articles of Organization for this Limited Liability Company	were filed on 09/08/21 and assigned
lorida document number L21000398802	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liab	pility company here:
ne new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	9424 Baymeadows Road
Principal office address MUST BE A STREET ADDRESS)	Suite 250
	Jacksonville, FL 32256
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	9424 Baymeadows Road
	Suite 250
	Jacksonville, FL 32256A
If any adding the second of th	address on our records enter the name of the same
ent and/or the new registered office address here:	address on our records, enter the name of the new reg
n amending the registered agent and/or registered office a ent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the name of the new reg
ent and/or the new registered office address here:	
ent and/or the new registered office address here: Name of New Registered Agent:	Enter Florida street address

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Andrea Strickland	9424 Baymeadows Road	DAIN
		Suite 250	□Remove
		Jacksonville, FL 32256	□ Change
MGR Andrea Strickland	Andrea Strickland	9424 Baymeadows Road	_ DAU
	Suite 250	Remove	
	Jacksonville, FL 32256	□Change	
		····	□Add
			□Remove
		□Change	
		🗆 Add	
			Remove
			□Change
		🗖 Add	
			□Remove
		□ Change	
			□Add
			□Remove
			Change

(If an effect Note: If	date, if other than the date of filing:
the record s cord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	10/12/2021
	Signature of a member of authorized representative of a member
	Andrea Strickland
	Typed or printed name of signee

Filing Fee: \$25.00