121000442401

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10/25/21--01042--008 **80.00



A. BUTLER

NOV 09 2021

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: FAMILY	Thurstment Proper	ties Team ILC	,
SUBJECT: Tantiff	Name of Lim	fies Team LLC	
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	Man	Name of Person	
	Family In	vestment Properties Firm/Company	Team LLC
	8551 W.	Sunrice BIVS 105	<u>K - # 115</u>
	Pl. Astic	ON E. 33327	
		ON FL 33327 City/State and Zip Code	
	Family, Invest	tnent. Properties. LLC @	chail. con
			fication)
For further information co	ncerning this matter, please co	all:	
Marcelo Ferre	ya	at (305) A13 6:	566
Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	(C) \$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 S		<u>Street Address:</u> Registration Se	ction
Division of Co		Division of Cor	
P.O. Box 6327		The Centre of T	
Tallahassee, F	L 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	2021 007 25 04 0
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records:) 177 2: 35 Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>LA 1000442401</u>	ompany were filed on 10/11/2/02/02E.Fit and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRI	ESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records. <u>enter the name of the new registere</u>
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 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	Marcelo A. Ferreyra	8551 W Sourise Blvd 105K-#115 Plantation FL 33322	5 12 Add
		·	
			□Change
			□Add
			□Remove
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f an ef <u>Note:</u>	ive date, if other than the date of filing:
e record	rd 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.
Dated	October 19 2021
	$^{\prime}$ $^{\prime}$ $^{\prime}$