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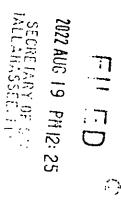
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SUBJECT:		Team	Holds (10 5 iid Liabilii	G-roup	1.1	٨	
					y Company	<u>, </u>		
The enclosed	Articles of Ar	nendment and	fects) are sub	omitted for	filing.			
Please return	all correspond	ence concernit	g this matter	to the folk	owing:			
		Ant	hony	POSO	da e of Person			
		<u> </u>	e Te	a m .	Holdin Company	95	Croy	o, LL (
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For further in	formation cond							
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Enclosed is a	check for the f	ollowing amo	int:					
\$25,00 F	iling Fee	□ \$30.00 Fili Certificate		Cer	00 Filing Fee tified Copy nional copy is en			\$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 Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ARTICLES OF	ORGANIZATION	20
	OF)22./ ECI
Home Team Hold in (Name of the Limited Liability Comp	M.S. Crove, LLC sany as it now appears on our records.) (Liability Company)	STARK OF LOAD and assigned and assigned
The Articles of Organization for this Limited Liability Compan	y were filed on 28 Oct 2021	and assigned
Florida document number <u>L 210000 469 670</u>		- 24
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name	of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	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 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>	Name	Address	Type of Action
<u>AMBR</u>	Christine A. Pusado	a 2943 Sonoma Way	
		a 2943 Sonoma Way Rockledge, FL 3295.	5 Remove
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