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COVER LETTER

TO: Registration Section

Division of Cor	porations		•
	CTEAM LLC	•	•
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	ANDREW M DECK Name of Person		
Please return all correspo	ondence concerning this matter	to the following:	
	ANDREW M DECK		
		Name of Person	
		Firm/Company	
	1035 JACARANDA CIR		
		Address	
	ROCKLEDGE, FL 32955		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report no	tilication)
For further information c	oncerning this matter, please c	all:	
LAUREN W DECK		352 396 - 1597 at ()	
Name o	d Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the	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 Addres		Street Address:	
Registration S Division of C		Registration S Division of Co	
P.O. Box 632		The Centre of	
Tallahassee,	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

_3 22 ,.111: THE DECK TEAM LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) ____ and assigned Florida document number 1.22000062539 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ANDREW DECK LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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
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			Remove
			□Change
			□Remove
			□Change
			□Remove
			□Change
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Effective date, if other than the liften effective date is listed, the date in	ne date of fili	ing:	ior to data of filir	ng or mary than 90	(optional)) 	0207 (
Note: If the date inserted in this document's effective date on the	block does no	t meet the app	licable statutor	y filing requirer	nents, this date	will not be listed	d as
e record specifies a delayed effect rd is filed.	tive date, but n	iot an effective	e time, at 12:01	a.m. on the ear	lier of: (b) Ti	he 90th day after	the
Dated February 17		2022					
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