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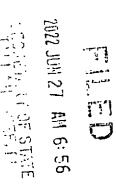
(Re	questor's Name)	
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PICK-UP	MAIT	MAIL
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Special Instructions to I	Filing Officer:	
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Office Use Only



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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

UBJECT:	Name of Lim	ited Liability Company	
he enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
lease return all correspo	ndence concerning this matter	to the following:	
	Edilene Johansson		
		Name of Person	
	TEAM EPMA LLC		
		Firm/Company	
	1987 N Harbor City Blvd		
	<u> </u>	Address	
	Melbourne, FL 32935		
		City/State and Zip Code	
	abbybvva@gmail.com		
	E-mail address: (to be used for future annual report no	tification)
or further information c	oncerning this matter, please c	all:	
Edilene Johansson		770 377-5939 at ()	
Name o	f Person	Area Code Daytii	me Telephone Number
Enclosed is a check for th	ne 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 Address		Street Address: Registration S	ection
Registration S Division of C		Division of Co	
P.O. Box 632	=	The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

TEAM EPMA LLC			2022 UN 27 AT 6: 5	_
(Name of the Limi	ted Liability Compa	any as it now appears on c Liability Company)		
The Articles of Organization for this Limited L	•		FATE VIEW OF STATE	E gned
		-		
lorida document number 1.22000191185	··			
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liab	oility company here:		
he new name must be distinguishable and contain the v	vords "Limited Liabi	ility Company," the designa	ation "LLC" or the abbreviation "L.L.	.C."
Enter new principal offices address, if applic	able:			
Principal office address MUST BE A STREE	ET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Melbourne, FL 3293:		
3. If amending the registered agent and/or agent and/or the new registered office addre		address on our record	is, enter the name of the new	registo
gent and/or the new registered office addre	ss nere.			
Name of New Registered Agent:				
New Registered Office Address:	1987 N Harbot	r City Blvd		
and Control		Enter Florida st	reet address	
	Melbourne		, Florida ³²⁹³⁵	
		City	Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

TEAM EPMA LLC

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, 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>	<u>Address</u>	Type of Action
MGR	Edilene Johansson	1987 N Harbor City Blvd.	□Add
		Melbourne, FL 32935	□Remove
AMBR	Philip Arana	1987 N Harbor City Blvd.	■Add
		Melbourne, FL 32935	□Remove
			□Change
			□Add
			Remove
			□Change
			□Remove
			□ Change
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			Change

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f an effe <u>Note:</u>	ve date, if other than the date of filing:
record i is file	ispecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
ated_	June, 22 2022
	91
	Signature of a member or authorized representative of a member
	Edilene Johansson