## L12000240615

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2024 AUG 26 AM 9: 25 SECRETARY OF STATE TALLAHASSEE. FI.



## **COVER LETTER**

TO: Registration Division of C		
SUBJECT:	Teamwork General (C) Name of Limited Liability Company	
The enclosed Articles	of Amendment and fee(s) are submitted for filing.	
Please return all corres	pondence concerning this matter to the following:	
	Christian Manning Name of Person	
	Teamwork General UC Firm/Company	
	2500 Cantaga Rd #1207	
	Cantana FC 33462 City/State and Zip Code	2024
	E-mail address: (to be used for future annual report notification)	406 2
For further information	n concerning this matter, please call:	6
Christian	City/State and Zip Code  Technologic LLC (Shot-mail Com  E-mail address: (to be used for future annual report notification)  In concerning this matter, please call:  Area Code Daytime Telephone Number	2024 AUG 26 AM 9: 25
Enclosed is a check for	r the following amount:	
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee,  Certificate of Status 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

	ieneral UC	
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) sability Company)	
The Articles of Organization for this Limited Liability Company of Florida document number <u>L22000240615</u> .	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
	NA	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	NA	<del></del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	NIR	
B. If amending the registered agent and/or registered office as agent and/or the new registered office address here:	ddress on our records, enter the nan	SECULARIAN 26
Name of New Registered Agent:	N/A	35 × 11
New Registered Office Address:	Enter Florida street address	9. 25 FIA
	, Florida	- II
	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 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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fect	ve date, if other than the date of filing: (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207	3
ote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as	h
cum	ent's effective date on the Department of State's records.	
	d 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	
is fi		
	August 15th . 2024.	
ated	17 Cycs 13 . 2021.	
	Signature of a member or authorized representative of a member	
	CHRISTIAN MONROY Typed or printed name of signee	

Filing Fee: \$25.00