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COVER LETTER

TO.

TO:	Registration Se Division of Cor					
L: F183 31		emories by Ericka				
SUBJE	.C1:	Name of Lim	ited Liability Company			
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please (return all correspo	ndence concerning this matter	to the following:			
		Richard Reid Jr				
			Name of Person			
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			Firm/Company	···		(5)
		19 Logan Ct	. ,			us &
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			Address			Ţ.
		St. Augustine, FL 32084				ھِب
			City/State and Zip Code		137	9.2
		Reidbojr@yahoo.com				
		E-mail address: (to be used for future annual report no	tification)		
For furt	ther information co	oncerning this matter, please c	all:			
Richard	l Reid Jr		904 347-3547 at ()			
	Name of	Person		ne Telephone Number		
Enclose	ed is a check for th	ne following amount:				
■ \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Fil Certificat Certified (additional	e of Statu Copy	
	!					
	Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration So Division of Co The Centre of 2415 N. Monro Tallahassee, Fl	rporations Tallahassee oe Street, Suite 8	10	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Creative Memories by Ericka LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on June 27, 2022 _____ and assigned Florida document number L22000290430 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: TEAM E&B 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 City

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, <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>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
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Richard Reid Jr		

Filing Fee: \$25.00