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## **COVER LETTER**

TO:

**Registration Section Division of Corporations** 

Tallahassee, FL 32314

TEAM NA SUBJECT: _	AVIGATION LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	JOSHUA SMITH AND M	IADISON ALLEN	
		Name of Person	
	TEAM NAVIGATION LL	.C / HOMERUN REALTY	
		Firm Company	
	3501 NE 10TH ST		
		Address	
	OCALA, FL 34470		
		City/State and Zip Code	
	MADISONHOMERUN@C		
	E-mail address: (	to be used for future annual report n	otification)
For further information	concerning this matter, please c	all:	-
MADISON ALLEN		352 875-7915	
Name	of Person	Area Code Dayt	ime Telephone Number
Enclosed is a check for t	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 Addre Registration		Street Address: Registration S	Section
Division of (		Division of Co	
P.O. Box 63:	•	The Centre of	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TEAM NAVIGATION LLC		
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our records da Limited Liability Company)	.)
The Articles of Organization for this Limited Liability	Company were filed on 08/08/2022	and assigned
Florida document number 1.22000348967	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lie	mited Liability Company," the designation "LLC"	
Enter new principal offices address, if applicable:		2022
(Principal office address MUST BE A STREET ADD	ORESS)	DE O
-		2
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<b>42</b>
		•
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		he name of the new registere
agent and/or the new registered office address nere:		
Name of New Registered Agent:		
New Registered Office Address:		
•	Enter Florida street address	
		rida
	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 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>	<u>Address</u>	Type of Action
MGR, AN	MADISON ALLEN	3501 NE 10TH ST OCALA, FL 34470	<b>=</b> Add
ī			□Remove
			□Change
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			□Remove
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cord specifies a delayed el s filed.	ffective date, but not an effec	tive time, at 12:01 a.m.	on the earlier of: (b) The	90th day after the
	2022			
ed 12/08			_	

Typed or printed name of signee

# Electronic Articles of Organization For Florida Limited Liability Company

L22000348967 FILED 8:00 AM August 08, 2022 Sec. Of State tscott

#### Article I

The name of the Limited Liability Company is:

TEAM NAVIGATION LLC

### Article II

The street address of the principal office of the Limited Liability Company is:

3501 NE 10TH ST OCALA, FL. UN 34470

The mailing address of the Limited Liability Company is:

3501 NE 10TH ST OCALA, FL. UN 34470

#### Article III

The name and Florida street address of the registered agent is:

JOSHUA L SMITH 3501 NE 10TH ST OCALA, FL. 34470

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: JOSHUA SMITH

## **Article IV**

The effective date for this Limited Liability Company shall be:

08/08/2022

Signature of member or an authorized representative

Electronic Signature: JOSHUA SMITH

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.