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SECRETARY STATE

COVER LETTER

Registration Section

Division of Corporations

TO:

TEI	EM BOSIN	RSS TTG			
SUBJECT: 1 L	Name of Limit	ed Liability Company			
The enclosed Articles of /	Amendment and fec(s) are subm	nitted for filing.			
Please return all correspor	idence concerning this matter t				
	JENNY K	GONZALEZ		_	
	TEEM B	STNESS LLC			
		Firm/Company		_	
	5011 BLUE	HERON DR		- -	
	501 BLUE HALLANALE	BEACH FC 3	3009		202 7
		City/State and Zip Code			
	· E mail address: ()	to be used for future annual report notificat	ion)	2.	7
				SECTETARY SECTOR	
For further information co	oncerning this matter, please co	и:		$\frac{m_{O_1}}{2}$	ب ب م
		at ()	<u> </u>		5
Name o	f Person	at () Area Code Daytime Te	dephone Numbe	er	
linelosed 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)	Certifie	Filing Fee, rate of Statu ed Copy al copy is enc	
<u>Mailing Addres</u> Registration 9		Street Address: Registration Section	on		
Division of C		Division of Corpo	rations		
P.O. Box 632		The Centre of Tal 2415 N. Monroe S		810	
Tallahassee, l	FL 04014	- FEC 111 111 111 111 111 111 111 111 111 1			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabi		ecords.)
(A Florid	lity Company as it now appears on our reda Limited Liability Company)	 ·
The Articles of Organization for this Limited Liability	Company were filed on LO - 10	- 70 Z 2 and assigned
Florida document number <u>1.22 000 435 844</u>	1	
		
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 "Li	mited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
	<u> </u>	202 S
		2002 HOV
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		1.6
B. If amending the registered agent and/or register		nter the name of the new registered
agent and/or the new registered office address here:	ı	
Name of New Popietored Agents		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	uldress
-	City	_, Florida 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
MGR	JENNY K GONZALEZ	501 BLUE HERON DR HALLANDALE BEACH FL 3300	XAdd
		HALLAHDALÉ BEACH FL 3300	9 □Remove
			[]Change
			UAdd
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Effective date, if other than the date of filing:								
ffective date, if other than the date of filing: [Optional] an effective 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 ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be becument's effective date on the Department of State's records. The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day list filed.								
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			number	e i nego antati a a f	> 1244	()u		
Signature of a member or authorized representative of a member			memoer	Concescinative of	moet for authori	Signature of a		