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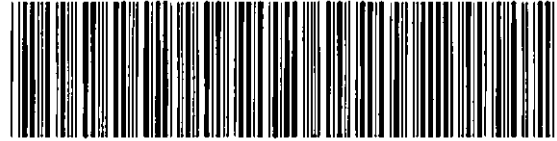
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TEAM OLIVA SERVICES LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARLENE OLIVA LORENZO

\_\_\_\_\_  
Name of Person

TEAM OLIVA SERVICES LLC

\_\_\_\_\_  
Firm/Company

5220 SW 152ND CT

\_\_\_\_\_  
Address

MIAMI, FL 33185

\_\_\_\_\_  
City/State and Zip Code

mas\_accounting@hotmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARLENE OLIVA LORENZO

786

362 9770

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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:**

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

**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>   | <u>Type of Action</u>                      |
|--------------|-----------------------|------------------|--|
| AMBR         | MARLENE OILVA LORENZO | 5220 SW 152ND CT | <input type="checkbox"/> Add               |
|              |                       | MIAMI, FL 33185  | <input checked="" type="checkbox"/> Remove |
|              |                       |                  | <input type="checkbox"/> Change            |
| AMBR         | MARLENE OLIVA LORENZO | 5220 SW 152ND CT | <input checked="" type="checkbox"/> Add    |
|              |                       | MIAMI, FL 33185  | <input type="checkbox"/> Remove            |
|              |                       |                  | <input type="checkbox"/> Change            |
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Dated August, 30th, 2023

HP/100

MARLENE OLIVA LORENZO

Typed or printed name of signee

**Filing Fee: \$25.00**