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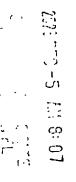
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12/18/23



DocuSign Envelope ID: 430D1DF1-DDEC-4675-B579-C812FC1ACE26 COVER LETTER

Tallahassee, FL 32314

TO: Registration of	on Section F Corporations	
TEAM	I ALLARD REALTY LLC	
SOBJECT.	Name of L	imited Liability Company
The enclosed Article	es of Amendment and fec(s) are s	ubmitted for filing.
Please return all con	respondence concerning this matt	er to the following:
	PATRICK ALLARD	
		Name of Person
	TEAM ALLARD REAL	TY LLC.
		Firm/Company
	409 ARMADA ROAD	
		Address
	VENICE, FL 34285	
		City/State and Zip Code
	PALLARD409@GMAIL	COM :: (to be used for future annual report notification)
For further informat	ion concerning this matter, please	Call:
PATRICK ALLAR	D	908 672-1139
Na	ame of Person	Area Code Daytime Telephone Number : 1
Enclosed is a check	for the following amount:	<u> </u>
\$25.00 Filing Fo	ce S30.00 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 Ac		Street Address: Registration Section
_	ion Section of Corporations	Division of Corporations
P.O. Box		The Centre of Tallahassee

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

DocuSign Envelope ID: 430D1DF1-DDEC-4675-B579-C812FC1ACE26 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as (A Florida Limited Liabil	it now appears on our records.) ity Company)	
The Articles of Organization for this Limited Liability Company were Florida document number <u>L23000489532</u> .	e filed on OCTOBER 26, 2023 and assi	gned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	company here:	
The new name must be distinguishable and contain the words "Limited Liability Co	ompany," the designation "LLC" or the abbreviation "L.I	<u> </u>
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)		
_		
3. If amending the registered agent and/or registered office addr agent and/or the new registered office address here:	ess on our records, enter the name of the new	regist
gent and/or the new registered office address here.	: 21	
N. C.		:
Name of New Registered Agent:	<u> </u>	9
New Registered Office Address:		: <u>></u>
	Enter Florida street address (*1	
	, Florida	
	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.

DocuSign Envelope ID: 430D1DF1-DDEC-4675-B579-C812FC1ACE26
11 amenuing Authorized rerson(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
AR	PATRICK ALLARD	409 ARMADA ROAD	≅Add
		VENICE, FL 34285	□ Remove
			🗆 Change
AR_	GERALDINE ALLARD	409 ARMADA ROAD	
		VENICE, FL 34285	■ Remove
			☐ Change
			□ Add
			Remove .
			□Change .
			□ Remove
			☐ Change
			□Add
			□Remove
		-	☐ Change
			
			□Remove
			□Change

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Filing Fee: \$25.00