To:

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To:

Division of Corporations

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From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600

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COR AMND/RESTATE/CORRECT OR O/D RESIGN **#TEAMMEG INC.**

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S. YOUNG

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Help

COVERLETTER

TO: Amendment Section Division of Corporations						
· •						
NAME OF CORPORATION: #TEAMMEG INC.						
N18000010325						
DOCUMENT NUMBER:						
The enclosed Articles of Amendment and fee are submitted for filling.						
Please return all correspondence concerning this matter	er to the following:					
Chey	enne Moseley					
,	(Name of Contact Per	rson)				
Legalz	zoom.com, Inc.					
	(Firm/ Company)					
101 N. Bra	nd Blvd., 11th Floor					
	(Address)					
Glend	ale, CA 91203					
	(City/ State and Zip C	ede)				
teammeg1013@gmail.com						
E-mail address: (to be used	for future annual repo	rt notification)				
For further information concerning this matter, please	call:					
Cheyenne Moseley	800	773-0888 ext. 9724				
(Name of Contact Person)	at (Code & Daytime Telephone Number)				
Enclosed is a check for the following amount made page	yable to the Fiorida De	epartment of State:				
☐ \$35 Filing Fee ☐\$43.75 Filing Fee &		Certificate of Status				
Certificate of Status	Certified Copy (Additional copy is	Certified Copy				
	enclosed)	(Additional Copy is				
	0.10103007	Enclosed)				
Mailing Address		ct Address				
Amendment Section	Amendment Section					
Division of Corporations	Division of Corporations					
P.O. Box 6327	Clifton Building					
Tallahassec, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301					
	12118	massee. I L J4JVI				

Articles of Amendment to Articles of Incorporation of

#TEAMMEG INC.				
(Name of Corporation as current	ly filed with the Flo	rida Dept. of State)		
N18000010325				
· (Doc	ument Number of Co	prporation (if known)		
Pursuant to the provisions of section 617, amendment(s) to its Articles of Incorpora		s, this Florida Not For Profit Cor	poration adopts the fo	ollowing
A. If amending name, enter the new na	ime of the corporat	on:		
		•		The new
name must be distinguishable and contain "Company" or "Co," may not be used in		ion" or "incorporated" or the abi	breviation "Corp." or	"Inc."
B. Enter new principal office address,	if applicable:	8212 31st Rd.		11:13
(Principal office address MUST BE A S		Wellborn, Florida 32094		
				<u>[-</u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		8212 31st Rd.		
		Wellborn, Florida 32094		ORID:
D. If amending the registered agent an	d/or registered offic	e address in Florida, enter the n	ame of the	
new registered agent and/or the new				
Name of New Registered Agent:	Meghan Tuten		_	
	8212 31st Rd.			
New Registered Office Address:		(Florida street address)		
-	Wellborn	. Floric	32094	
	(City)	, F10000	(Zip Code)	
N. Davisa and America Cimeratum (Cab	annuina Danistarad	Acont:		
New Registered Agent's Signature, if cl Thereby accept the appointment as regist	red agent. I um far	milian with and accept the obligation	ons of the position.	
	Mach a	n /the N	leghan Tuten	
-	Signature of New	Registered Agent, if changing		

Page 1 of 4

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer: CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change X Remove X Add	<u>V</u> <u>Mik</u>	n Doc te Jones y Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) X Change	PD	Amy Alverez	8212 31si Rd.
Add			Wellborn, Florida 32094
Remove			
2) X Change	SD	Connie Futch	8212 31st Rd.
Add			Wellborn, Florida 32094
Remove	ΤD	Meghan Tuten	8212 31st Rd.
3 } Change			Wellborn, Florida 32094
Add			
4) Change			
Add			
Remove			
5) Change			
Add			
Romove			
6) Change			
Add			
Remove			

E.	E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)						
	(attach additional sheets, if necessary).	(Be specific)					
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	e date of each amendment(s) adoption: 10/10/2019	, if other than the
date	this document was signed.	
Eff	(no more than 90 days after amendment file date)	<u> </u>
Λd	option of Amendment(s) (CHECK ONE)	
	The amendment(s) was/were adopted by the members and the number of votes east for the amendment(s) was/were sufficient for approval.	
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
	Dated H117019 Signature In Clare	
	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	_
	Amy Alverez	
	(Typed of printed name of person signing) President	
	(Tile of person signing)	