



*MORRIS LAW GROUP*  
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**Practicing Exclusively In:**  
Estate & Gift Tax Planning  
Asset Preservation Planning  
Wills & Trusts  
Business Structuring &  
Succession  
Domestic & International Tax Planning  
Probate & Trust Administration  
Special Needs Planning

June 17, 2014

**Via FedEx 2-Day**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Re: 8625 Twin Lake, LLC**  
**Our File No.: 50393.005**

Dear Sir or Madam:

Enclosed please find an original and one copy of the Articles of Amendment to Articles of Organization of 8625 Twiin Lake, LLC.

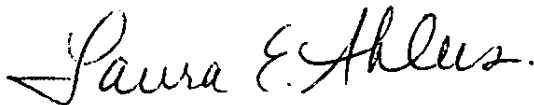
Also enclosed is our firm's check in the amount of \$55.00 representing the filing fee and one certified copy fee.

Please return the certified copy via the enclosed self-addressed stamped envelope.

Thank you and should you have any questions, please do not hesitate to contact me.

Sincerely,

**MORRIS LAW GROUP**



Laura E. Ahlers  
Paralegal  
Enclosures

**ADDITIONAL OFFICES:**

**Aventura:** 20801 Biscayne Boulevard, Suite 304, Aventura, FL 33180 • 305-682-8330  
**West Palm Beach:** 777 South Flagler Drive, West Tower, Suite 800, West Palm Beach, FL 33401 • 561-805-9533

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: 8625 TWIIN LAKE, 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:

**STUART R. MORRIS, ESQ.**  
Name of Person  
**MORRIS LAW GROUP**  
Firm/Company  
**7284 W PALMETTO PARK ROAD, STE 101**  
Address  
**BOCA RATON, FL 33433**  
City/State and Zip Code  
**SMORRIS@LAW-MORRIS.COM**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**LAURA E. AHLERS** at **561 750-3850**  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

8625 TWIIN LAKE, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on JUNE 11, 2014 and assigned Florida document number L14000093868.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

8625 TWIN LAKE, LLC

The new name must be distinguishable and end with the words "Limited 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 ADDRESS)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_

Enter Florida street address

\_\_\_\_\_, 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.*

**If Changing Registered Agent, Signature of New Registered Agent**

FILED  
JUN 19 2014  
TALLAHASSEE, FLORIDA

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>           |
|--------------|-------------|----------------|---------------------------------|
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          |                                 |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          |                                 |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          |                                 |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          |                                 |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          |                                 |

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated JUNE 16, 2014

Signature of a member or authorized representative of a member

**STUART R. MORRIS, ESQ., AUTHORIZED REP**

Typed or printed name of signee

Page 3 of 3  
Filing Fee: \$25.00

RECEIVED  
FALLS BOUNDARY FLORIDA  
14 JUN 19 PM 3:35