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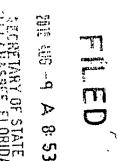
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**S Warren** AUG 1 1 2016

# **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Two Kids & Foun Doco LLC  Name of Limited Idability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Scott D. Cohen Name of Person	
Two Kido & Four Docp, LLC	
The Atlantic Shares Blud.	
Hallandale Beach FL 33309 City/State and Zip Code	
E-mal address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Scott D Copon at AT 444-3132  Name of Person at Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,  Certificate of Status Certified Copy Certificate of Status &	

(additional copy is enclosed)

## MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Certified Copy (additional copy is enclosed)

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

Two KiDS & FOUR DI	06'S LLC
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar	ny were filed on 8/4/2015 and assigned and assigned TI
This amendment is submitted to amend the following:	Logic STA:
A. If amending name, enter the new name of the limited lis	ability company here:
NIA	,
The new name must be distinguishable and contain the words "Limited Liz	bility 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)	TIL Atlantic Shores Blud. Hallandale Beach, FL 33009
Enter new mailing address, if applicable:	Same
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, enter the name of the new ere:
Name of New Registered Agent: Scot	t D. Cohen
New Registered Office Address:	Hantic Shorts Blvd.  Enter Florida street address
Halk	mdalt Beach, Florida 33009  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 captacity. 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.

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

Title **Type of Action** Name **Address** The Atlantic Stocs And. Scott D. Cohon Mea Hallandate Boach, FL 3009 Remove ☐ Change MGR Nancy M. Kramor 716 Atlantic Snows Blod 11 Add/ Hallandale Beach, FL 3300 Premove ☐ Change ☐ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove Change 5 Remov ☐ Change

-, <del></del>	ding any other information, enter change(s) here: (Attach additional sheets, i	g	
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Effectiv	e date, if other than the date of filing: 2/4/2016 tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 day	(optional)	suant to 605 0207 (
Note: I	the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	ts, this date will	not be listed as t
	rd specifies a delayed effective date, but not an effective time, at 12 0th day after the record is filed.	:01 a.m. on t	the earlier of:
Dated _	8/4/2015 Anjureu	an th	
	Signature of a member or authorized representative of a member	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
	Noncy M. Kramer		Control or of distance
	Typed or printed name of signee	- <del> </del>	TTT T
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	Page 3 of 3	空马	

Filing Fee: \$25.00