## A-1500000000333

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SECRETARY OF STATE

D. BRUCE MAY 01 2017

## **COVER LETTER**

TO: Registration Of Division of	n Section f Corporations			
SUBJECT:	TW A	Agency Venture:	s, LP	
1	Name of Florida Limited Pa	artnership or Limited Lia	ibility Limited Partnership	<del></del>
The enclosed Certi	ificate of Amendment a	and fee(s) are submit	tted for filing.	
Please return all co	orrespondence concerni	ing this matter to:		
Ar	nthony Choueifati, Es Contact Person	sq.		
		_		
Co	ook Legal Group, LLI	_P		
	Firm/Company			
790 W S	am Houston Pkwy N	Ste 202		
	Address			
	Houston, TX 77024			
	City, State and Zip Code			
achou	eifati@cooklegalgrou	up.com		
E-mail address: (	(to be used for future annua	l report notification)		
			5	
For further information	ation concerning this m	natter, please call:	SECR LLA	771
Anthony	Choueifati, Esq.	at (713)	341-2748 量	
Name of Cor	ntact Person	Area Code and	Daytime Telephone April ber	i ("Y")
Enclosed is a chec	k for the following amo	ount:	of S	Ö
\$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fe and Certified Copy	certified Copy, and Certificate of Status	
STREET ADDRE	ESS:	MAILIN	IG ADDRESS:	
Registration Section	on		ion Section	
Division of Corpor	rations		of Corporations	
Clifton Building P. O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314				
Tallahassee, FL 33		i ananass	SCC, FL 32314	
	•			

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

TW Agend	y Ventures,	, LP
Insert name currently on file	le with Florida De	partment of State
Pursuant to the provisions of section 620.1202, Flimited liability limited partnership, whose certification in the first partnership, assigned Florida.	cate was filed v	with the Florida Department of State on number <u>A15000000223</u> ,
adopts the following certificate of amendment to	its certificate o	i limited partnership.
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the linere:	imited partners	hip or limited liability limited partnership
New name must be distinguish	able and contain a	nn acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partnersh Acceptable Limited Liability Limited Partnership suffixes: I		
B. If amending mailing address and/or principal office address here:	pal office addr	ess, enter new mailing address and/or
New Principal Office Address: (Must be STREET address)		SECRET PRO
New Mailing Address: (May be post office box)		28 P LARY UF STREET FLO
C. If amending the registered agent and/or registerew registered agent and/or the new registered office		ress on our records, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter I	Florida street address
<del></del>	City	, 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.

If Changing Registered Agent, Signature of New Registered Agent

D.	If amending the general	partner(s),	enter the nar	ne and	business	address	of each	general	partner	being
<u>ad</u>	lded or removed from our	records:								

<u>Title</u>	<u>Name</u>	Address <u>T</u>	ype of Action			
GP	TW Agency Management, Inc.	2800 Gateway Dr. Pompano Beach, FL 33069	✓ Add ☐ Remove			
GP	WZ Management, Inc.	2800 Gateway Dr. Pompano Beach, FL 33069	Add Remove			
			Add ARemove ARemove ARemove ARECREAMAND AND AND AND AND AND AND AND AND AND			
			Add Remove			
E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:						
This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."						

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

F. If amending any other information	n, enter change(s) l	nere: (Attach addition	nal sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·		
Effective date, if other than the date of fil (Effective date cannot be prior to nor more than State.)	ling:_ 90 days after the date	this document is filed b	ny the Florida Department of
Signature(s) of a general partner or all	l general partner	<u>s*:</u>	
(*NOTE: Only one current general partner is recremoving a "limited liability limited partnership" when adding or removing a "limited liability limit	election statement. (	Chapter 620, F.S., requi	d partnership is adding or res all general partners to sign
	<del></del>		
	<del>-</del>		SEI SEI
			- <del> </del>
			ASSE ASSE
Signature(s) of all new or dissociating s	general partner(s	s), if any://	
		4/1/	
WZ Management, Inc.	<del></del>	1 m	
TW Agency Management, Inc.		U/K	
<del></del>			
Filing Fee: \$52.5 Certified Copy (optional): \$52.5 Certificate of Status (optional): \$8.7	60		