

From: PHOENIX LAW PARTNERS

239 461 9983

09/08/2009 15:18

#225 P.001/004

Division of Corporations

Page 1 of 1

Florida Department of State  
Division of Corporations  
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Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : PHOENIX LAW P.A.

Account Number : I20030000088

Phone : (239) 461-0024

Fax Number : (239) 461-0083

**L. SELLERS**

SEP -9 2009

**EXAMINER**

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**

**T.W.C.MARKETING SYSTEMS, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	0304
Estimated Charge	\$30.00

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: T.W.C. Marketing Systems, 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:

**Charles PT Phoenix, Esq.**

Name of Person

**Phoenix Law PA**

Firm/Company

**12800 University Drive, Suite 260**

Address

**Fort Myers, FL 33907**

City/State and Zip Code

**cptp@corporationcounsel.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Debbie Miller**

Name of Person

at ( **239** )

**461-0101**

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

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**TALLAHASSEE FLORIDA**

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

T.W.C. Marketing Systems, 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 October 12, 2004 and assigned  
Florida document number L04000073984

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 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**)

220 Waverly CT.  
Lexington SC  
29072

Enter new mailing address, if applicable:

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

PO Box 138  
Lexington SC  
29071

**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 608, 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

Page 1 of 2

(((H09000197122 3)))

(((H09000197122 3)))

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

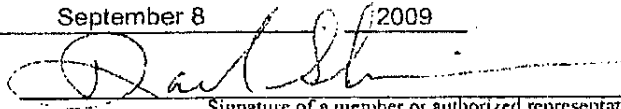
MGR = Manager

MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	Byron Doan	8141 Green Ridge Road North Charleston, SC 29406	<input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated September 8 2009



Signature of a member or authorized representative of a member

Darlene Shriver

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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