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Office Use Only



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C. LEWIS

AUG 1 7 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 10, 2010

HELEN C. COSTA, ESQ. COSTA & ASSOCIATES PA 6843 MAIN ST #302 MIAMI LAKES, FL 33014

SUBJECT: TWO-SEVEN, LLC Ref. Number: L05000109944

We have received your document for TWO-SEVEN, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

If you have any further questions concerning your document, please call (850) 245-6047.

Letter Number: 910A00019214

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org

COVER LETTER

| | ration Section on of Corporations |
|------------------|--|
| SUBJECT: | TWO - SEVEN JULC Name of Limited Liability Company |
| The enclosed A | rticles of Amendment and fee(s) are submitted for filing. |
| Please return al | l correspondence concerning this matter to the following: |
| | Helen Cusm ESS |
| • | Cls 7A + ASSOCIAL, PA. Firm/Company |
| • | 6843 Main St # 302 |
| | Mari Lakes, 6 33014 City/State and Zip Code |
| | E-mail address: (to be used for future annual report notification) |
| For further info | ormation concerning this matter, please call: |
| | Hele at (301 827-0/0) Name of Person at (301 827-0/0) Area Code & Daytime Telephone Number |
| | \cdot |
| Enclosed is a c | heck for the following amount: |
| \$25.00 Fili | |

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**

FILED

| | 2010 AUG 16 AM IT: \$6 |
|--|---|
| TWO-SE | |
| (Name of the Limited Liability Compar (A Florida Limited L | Dability Company) |
| The Articles of Organization for this Limited Liability Company Florida document number 1050001099.49 | were filed on and assigned |
| Florida document number | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liab | ility company here: |
| : | |
| The new name must be distinguishable and end with the words "Limi"L.L.C." | ted Liability Company," the designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | 15519 Minui Cake Way Hort |
| (Principal office address MUST BE A STREET ADDRESS) | #103 |
| | Man, Laker, h 35014 |
| Enter new mailing address, if applicable: | (1845) 1941n () Rel 1302 |
| (Mailing address MAY BE A POST OFFICE BOX) | Man, Coses, p. 33014 |
| | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her | |
| Name of New Registered Agent: | elen C CostA, El |
| New Registered Office Address: | 6.843 Main St. #302 Enter Florida street address |
| Mian | City Florida 33014 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 familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F. 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, 81

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 MGRA Helen CCOSTA

MGR Anones A. 9490 ☐ Add Remove ☐ Add Remove ∏Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member r printed name of signee

Page 2 of 2

Filing Fee: \$25.00