L06000063852

(Re	equestor's Name)	
(Ac	ddress)	
(Āc	ddress)	
(Ci	ty/State/Zip/Phone #	(*)
PICK-UP	☐ WAIT	MAIL
(Be	usiness Entity Name	<u>. </u>
(De	ocument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer:	
1		





800327614728

04/10/13--01014--004 **25.00



APPROVED AND FILED

TELEPHONE#937-974-4711

RETURN ADDRESS:

JERRY FOGT

1611 SW 2ND AVE

POMPANO BEACH, FL 33060

2019 APR 10 PH 4: 51

APPROVED

COVER LETTER

	Registration Se Division of Cor					
SUBJEC	TWINSPL	ACE LLC				
SUBJEC	<u></u>	Name of Lim	ited Liability Company			
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Plcase re	eturn all correspo	ondence concerning this matter	to the following:			
		JERRY FOGT				
		TWINSPLACE LLC	Name of Person		-	
		5	Firm/Company		-	
		3320 NE 33RD ST			2019 1111	
		FT LAUDERDALE, FL 333	Address 08		2019 APR 1.0 ICORE JAKE ICALL MILLEY	APPRUYEU AND FILED
		jnfogt@hotmail.com	City/State and Zip Code	, <u>,</u> ,	PM 4:51	0 4
		E-mail address: (to be used for future annual report notif	ication)	- <u>- </u>	
For furth	er information c	oncerning this matter, please c	all:			
JERRY	N FOGT		937 974-4711			
	Name o	f Person		Telephone Number	·	
Enclosed	l is a check for th	he following amount:				
\$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	
	MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TWINSPLACE LLC		
(Name of the Limited Liabil (A Florid	lity Company as it now appears on our record la Limited Liability Company)	5.)
The Articles of Organization for this Limited Liability (Florida document number L06000063852		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		201
(Principal office address MUST BE A STREET ADD	RESS)	9 AP
		R 10 PH
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		•
B. If amending the registered agent and/or registered agent and/or the new registered office add		s, enter the name of the ne
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
	Enter Florida street addres.	\$
		orida
	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

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
ambr	Diane fogt	3320 ne 33rd st ft Lauderdale, FL 33308	= Add
			☐ Remove
			□ Change
ambr	Denise fogt	3320 ne 33rd st ft Lauderdale, FL 33308	■ Add
	•		Remove
			Change
			□ Add
			20 temove APR Change
			Production Remove
			□ Remove
			☐ Remove
			Change
			□ Remove
			□ Change

				· · · · · · · · · · · · · · · · · · ·	
					
		, .,			
					
					
	· 				2019
				<u> </u>	AP I
				12 P	
					3 E
***************************************					-
				<u> </u>	-찬
					_
ective date, if other than the date of fili effective date is listed, the date must be specific a	ng:		(optional)	
te: If the date inserted in this block does not	t meet the applica	to date of filing o able statutory fi	r more than 90 days ling requirements	after filing.) Pursi s, this date will n	iant to 605.02 of be listed :
cument's effective date on the Department of	f State's records.				
record specifies a delayed effective	data but noi	t an offoctive	a timo at 120	01 am on th	o obeline
he 90th day after the record is filed		i an enecuv	cume, at 12.	or a.m. on a	ic carrier
april 7	2010				
april 7 : Signature of/	-, 				
	Denny VI	Joan	-		

Page 3 of 3

Filing Fee: \$25.00