(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
ę.

Office Use Only



000082827090

01/02/07--01041--015 \*\*125.00

## **COVER LETTER**

Division of Corporations
SUBJECT: T-W OCEAN PROPERTIES 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:
SAMAMTHA SNIPES (Name of Person)  SKY PROPERTY MANAZEMENT GROUP Inc (Firm/Company)  2720 CR 210 W# 108-128  (Address)  ACKSONVILLE A 32259 (City/State and Zip Code)
For further information concerning this matter, please call:
SAMATHER Shipes at (904) 821-3317 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
25.00 Filing Fee \$\ \text{Solution} \text{Solution} \text{Solution} \text{Filing Fee & Certificate of Status} \text{Solution} \text{Solution} \text{Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}

### MAILING ADDRESS:

TO:

Registration Section

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

(Present Name)
(A Florida Limited Liability Company)

FIRST:	The Articles of Organization were filed on 7 11 2004 and assigned document number _ L 06 0000 71881.		
SECOND:	This amendment is submitted to amend the following:		
	1 65 TO CHAMCE ANTHONY SNIPES &		
	WILLIAM BOHREN'S TITLES		
	FROM MGR -> MGRM		
	(2) TO ADD 2 MGRMS		- 1
	1. SAMANTHA SNIPES		د وهد
	516 ST CLANDEPL.		
	JACKSONVILLE, FL 32259		DVS ≥×
	2. Jehn Bothen	6 JA	SCR
	3050 PRESCOTT FAMS DR.	-2 PH	TARY OF OF DORPC
	JACKSONVILLE, FL 32224		
Dated	DECEMBER 29, 2006.	<u>ક</u>	STATE
	Signature of all member or authorized representative of a member	<del></del> .	<del>.</del>
	orginature of authorized representative of a member		
	SAMAMHA SNIPES Typed or printed name of signee		f =

Filing Fee: \$25.00