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(Requestor's Name)		
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(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

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TO:	Registration Se Division of Cor		F	
ei ib	TWO S.O.	S. LLC		
300	deci.	Name of Limi	ted Liability Company	
The	enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Pleas	se return all correspo	endence concerning this matter	to the following:	
		Remo Pincelli		
			Name of Person	
		TWO S.o.S Ilc		
		· N	Firm/Company	
		6151 Ingails Street		
			Address	
		Melbourne - Florida 32940)	
			City/State and Zip Code	
		remo.pincelli@gmail.com		
		E-mail address: (t	o be used for future annual report notific	cation)
For f	further information c	oncerning this matter, please ca	11:	
Ren	no Pincelli		321 978.5850 at ()	
*****	Name o	f Person		Telephone Number
Encl	osed is a check for th	ne following amount:		
= 5	\$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TWO S.O.S. LLC				
(Name of the Limi	ited Liability Compa (A Florida Limited	ny as it now appears on our r Liability Company)	ecords,)	·
The Articles of Organization for this Limited L. Florida document number	.iability Company	were filed on September 1	8, 2007	and assigned
This amendment is submitted to amend the following	lowing:			
A. If amending name, <u>enter the new name c</u>	of the limited liab	ility company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		6151 Ingalls Street		
		Melbourne - Florida, 32940		
Enter new mailing address, if applicable:		6151 Ingalls Street		
(Mailing address MAY BE A POST OFFICE BOX)		Melbourne - Florida 32940		
			ji sa	23:
3. If amending the registered agent and registered agent and/or the new registered o	or registered of	ffice address on our rec e:	cords, enter:	the name of the n
		-	E Q	ת ת
Name of New Registered Agent:	<u> </u>		1.S.	» O
New Registered Office Address:	1901 S. Harbor	City Boulevard - suite 720		58
		Enter Florida street a	- Ne	
	Melbourne	City	_, Florida	
		Cuy		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>	<u>Address</u>	Type of Action
AMBR	Elisa Tassoni	6151 Ingalls Street - Melbourne FL	
			□ Remove
		**************************************	☐ Change
AMBR	BR Gabriele Pincelli	6151 Ingalls Street - Melbourne FL	= Add
			Remove
			Change
AMBR	Susanna Pincelli	6151 Ingalls Street - Melbourne FL	Add
			Remove
			Change
MGR	Remo Pincelli	6151 Ingalls Street - Melbourne FL	Add
			☐ Remove
			Change
	•		
			□ Remove
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		177	⊃ n '
			Change

. ,	, enter change(s) here: (Attach additional	
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fective date, if other than the date n effective date is listed, the date must be sote: If the date inserted in this block current's effective date on the Depart	specific and cannot be prior to date of filing or more the does not meet the applicable statutory filing required.	(optional) han 90 days after filing.) Pursuant to 605.020 quirements, this date will not be listed a
record specifies a delayed eff The 90th day after the record	ective date, but not an effective time is filed.	e, at 12:01 a.m. on the earlier of
ted May 15	2016	
Pentuc	eQ.	
Remo Pincelli	ature of a member or authorized representative of a	Annual States
Kono Fincen	Typed or printed name of signee	2
	Page 3 of 3	FLOR

Filing Fee: \$25.00