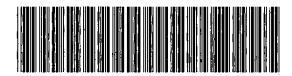
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(Red	juestor's Name)	
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Certified Copies	Certificate	s of Status
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O7 DEC -5 AH 9: 52
SECRETARY OF STATE
OF STATE O

•	CO	VER LETTI	EK	
TO: Registration Section Division of Corporation	ns	,		getting of the second of the s
SUBJECT: Non sto	P A ction (Name of Limit	L:m;ted ted Liability Comp	Lido:l:Ly	Company
The enclosed Articles of Amenda	nent and fee(s) are subn	nitted for filing.		
Please return all correspondence	concerning this matter t	o the following:		
	امدلا	(Name of Person)	wyen	
		(Name of Person)	3 ·	
	None	top Actio	n uc	
		(Firm/Company)		
	410 SE	Roth St		
		(Address)		
····	Ocala	F Lorida ty/State and Zip Code	34480	
	(Cit	ty/State and Zip Cod	e)	
For further information concerning	g this matter, please cal	lt:		
. Vuong N	guz ev	at (<u>407</u>)_	970-0	913 <u>3</u>
(Name of Person)	, — .	(Are	a Code & Daytim	e Telephone Number)
Enclosed is a check for the following	amount:			
	00 Filing Fee & ertificate of Status	\$55.00 Filing Fe Certified Copy (additional cop	,	Section 1.

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



07 DEC -5 AM 9: 52

				(Presen	t Name)		SECRETARY OF	F STATE FLORIDA
			(A Flori	da Limited	Liability Company	<i>(</i>)		
FIRST:	The Articl document	es of Organiza number <u>/</u> (ation were filed o	n <u> </u>	V28/2007	and	assigned	
SECOND:	This amen	dment is subm	nitted to amend th	e followir	ıg:			
	<u>(I)</u>	Name	Change	to	"TWEN	ARM	ADA" LLC	-
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Dated	Decamb	er 3	, <u>ა</u>	20 7 .				
			11	- //	1/1.	_		
		Sig	nature of a member	er or author	ized representative	of a memb	ег	•
			Vucna Typa	or printed	name of signee	<u> </u>		

Filing Fee: \$25.00