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(Requestor's Name)	
(Address)	_
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Basilloss Ellity Hallis)	
(Document Number)	
Certified Copies Certificates of Status	
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G. MCLEOD

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EXAMINER



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COVER LETTER

TO: Registration Section ' ' Division of Corporations
SUBJECT: TWOThree Clothing 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:
Jessica Haugren (Name of Person)
TwoThree Clothing LLC (Firm/Company)
151 N. Orlando Ave #100
Winter Park FL 30789 (City/State and Zip Code)
For further information concerning this matter, please call:
Jessica Haugren at (407) 488 618 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount: \$25.00 Filing Fee \$ Certificate of Status \$25.00 Filing Fee & Certificate of Status \$25.00 Filing Fee & Certificate of Status
(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



ARTICLES OF O	· · · · · · · · · · · · · · · · · · ·
(Name of the Limited Liability Compar (A Florida Limited L	thing LLC ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>LOSOCO127</u> .53	were filed on <u>215108</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
TWOTDOE LLC. The new name must be distinguishable and end with the words "Limit" "L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	151 N. Orlando Ave #100
(Principal office address MUST BE A STREET ADDRESS)	winter park, Fl. 32789
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	151 N. Orlando Ave #10. Winter Park, FL 32780
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	(Enter Florida street address)
	(City) (Zip Code)
	(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 608, 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 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

	Name	<u>Address</u>	Type of Action
			Add
			Remove
			Add Remove
		4	Add Remove
			Add
			Add Remove
			Add Remove
f amer	A	e(s) here: (Attach additional sheets, if necessary.)	
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_ ک_ b	3/4/2009	—· _	
_ d	Signature of a member	r or zauthorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00