## 60000082175

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**EXAMINER** 

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Twin Oaks Publishing 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:
Switzerland FL 32259  Switzerland FL 32259  (City/State and Zip Code)
For further information concerning this matter, please call:
Susan Han at (904) 429-7829  (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certified Copy (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

Twin Oaks Publish			
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	an <b>gas it now appears on our records.</b> ) Liability Company)	<del>-</del>	
The Articles of Organization for this Limited Liability Companies Lossocount Number Lossocount Number Lossocount Number Lossocount Number Numb	ny were filed on <u>8-27-200</u>	s8and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and end with the words "Lir'L.L.C."	nited Liability Company," the designatio		
Enter new principal offices address, if applicable:		2009 F	
(Principal office address MUST BE A STREET ADDRESS)			
	<del></del>	E PH T	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		er the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	(P. P. 1		
	(Enter Florida street address)		
	, Florida	(Zip Code)	
	1~11/	(Dip Couc)	

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 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

MGRM = Ma	anaging Member		
<u>Title</u>	Name	Address	Type of Action
MGRM	Seana Hutchinson	572 Black Forest Drive Switzerland, Fi 32259	Add Remove
MGRM	David Hutchison	572 Blad Forest Drive Switzerland, Fl 32259	Add Remove
			Add Remove
			230 MB ove 1
			Add Remove
			Add Remove
D. If amendi	ng any other information, enter change	e(s) here: (Attach additional sheets, if necessary,	)
Dated	February HTL. 200	59.	
-	Susa	or authorized rapresentative of a member	
	ryped	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00