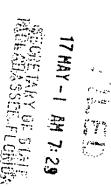
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	(Requestor's Name)	
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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	TWILIGHT / Name of Limi	RESOURCES ited Liability Company	LLC
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	ANT	HONY RYDZ Name of Person	EWSKI'
		Name of Person	
		Firm/Company	
	5079, N	DIXIE HWY S	WITE 236
		Address	
	OAKL	AND PARK, FL City/State and Zip Code YRYD @ G mark to be used for future annual report notifi	33334
		City/State and Zip Code	/ -
	E-mail address: ()	be used for future annual report notified	ication)
For further information	concerning this matter, please ca		
ANTHON Name	Y RyozEWSK.	at (951) 88 Area Code Daytime	Z - 4663 e Telephone Number
Enclosed is a check for	the following amount:		
\$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

	RESOURCES L	LC
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L0800108892</u> .	were filed on/1/24/200	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab $AGE ASSETS LL$	-C	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	pure.	1.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:		nter the name of the new
	, Florid	a Zin 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 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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = AMBR =	Manager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Add
			□ Remove
			☐ Change
			Add
			Remove
			Change
			Add
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