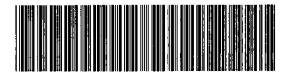
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SALLAHASSEE, FLORID

J. BRYAN

JUN 29 2011

EXAMINER

COVER LETTER

TO:	Registration Se Division of Con				
SUBJE	CT:	ATM C			
		Name of Limi	ted Liability Company		
The end	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please 1	etum all correspo	ondence concerning this matter	to the following:		
		Da	vid W. Southwell, CPA	FILED SECRETARY OF STATE	
			Name of Person	28	
		David	Ser of The		
			Firm/Company	Ed. WS	
		16	16191 NW 57th Avenue		
			<u> </u>		
			Mgr		
			City/State and Zip Code		
		dav E-mail address: (1	rid@southwellcpa.com o be used for future annual report notificat	ion)	
For furt	her information c	concerning this matter, please c	•	; ;	
		/. Southwell, CPA	at \	1-0220	
	Name o	f Person	Area Code & Daytime To	elephone Number	
Enclose	d is a check for t	he following amount:			
₹ \$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
		INC ADDDECS.	OFFICE COLUMN TO THE STATE OF T	A P. P. P. P. C. C.	

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

	TWI CONCEDIS, LLC		
(A Flo	bility Company as it now appears or rida Limited Liability Company)	m our records.)	
The Articles of Organization for this Limited Liabil	ity Company were filed on	2/12/2010	and assigned
Florida document numberL1000001684	5		設され
This amendment is submitted to amend the followin	g;		器のに
A. If amending name, <u>enter the new name of the</u>			TILEU HJUN 28 PM 12:
The new name must be distinguishable and end with the 'L.L.C."	e words "Limited Liability Company	," the designation "I	LC" or the abbrevlation
Enter new principal offices address, if applicable			
(Principal office address MUST BE A STREET A	DDRESS)		
	the state of the s		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:			
enter new maning address, it applicable: Mailing address MAY BE A POST OFFICE BOX	-		
WARRING WARRIESS (12/12 2021 12 2021 01 2 2022 2021	<u> </u>		
B. If amending the registered agent and/or r registered agent and/or the new registered office	•	records, enter t	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter	Florida street ada	tress
		, Florida	
_	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 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 = Managing Member **Type of Action** Title **Address** Name Ryan E. Young MGRM 275 NE 18th Street #405 ✓ Add Remove Miami, Florida 33132 Add Remove _ Add Remove Add □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) June 6th 2011 Dated Signature of a member or authorized representative of a member Ryan E. Young, Managing Member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00