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10 MAR 12 PH 4: 23

SECRETARY OF STATE
ALL AHASSEE FLORIDA

J. BRYAN

MAR 15 2009

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: TW Audio Video Lifestyles 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:
Scott Woolley Name of Person  TW Andio Video Lifestyles LLC
TW Andro Video Lifestyles LLC Firm/Company  6001 Park of Commerce Blvd Address
Boca Raton FL 33487  City/State and Zip Code  Scott We epice a com  E-mail address. (to be used for future annual report notification)
E-mail address. (to be used for future annual report notification)  For further information concerning this matter, please call:
For further information concerning this matter, please call:  Scott Woolkey  Name of Person  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
S55.00 Filing Fee \$\ Certificate of Status \$\ Certificate of Status \$\ (additional copy is enclosed)\$\$  \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)\$\$  Certified Copy (additional copy is enclosed)\$\$

### MAILING ADDRESS:

' **TO:** 

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

(Name of the Limited Liability	V Company as it now appear	S CCC	<del></del>	
(Name of the Limited Liability (A Florida	Limited Liability Company)	s on our records.		
The Articles of Organization for this Limited Liability (	Company were filed on	3/1/10	and assign	ıed
Florida document number <u>L 10000 02</u>	490	• /		
	<b>4.10</b>			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company here	<u>e:</u>		
TW Andio Video Li	fastules L	LC.		
The new name must be distinguishable and end with the wo "L.L.C."	rds "Limited Liability Compa	ny," the designation ".	LLC" or the abb	reviation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD)	RESS)		SE 5	
			岳	7
			AST C	-
Enter new mailing address, if applicable:		· ·	38 Y	<del>-</del>
(Mailing address MAY BE A POST OFFICE BOX)			F-9-7	, , ,
			LOF STA	
			OF W	
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		ur records, <u>enter</u>	the name of t	he new
to Lister our argent and the new register our office and	in Cos in Circ.			
Name of New Registered Agent:	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>			
New Registered Office Address:				
	Enter Florida street address			
<u></u>		, Florida		
<del></del>	City		Zip Code	<del>-</del>

New Registered Agent's Signature, if changing Registered Agent:

T1./ A1. 1.

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 = Ma MGRM = N	inager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<del></del>			Add Remove
			Add Remove
			Add Remove
	<u>.</u>		<b>=</b> -
			Add Remove
			Add Remove
D. If amen	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessa	10 MAR 12 SECRETARY
			PH 4: 23 SEE. FLORIDA
	Scott Wester Type	er or authorized representative of a member d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00