Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

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From:

Account Name : LEGALZOOM, COM INC.

Account Number : 120010000062

: (323)-962-8600

Fax: Number

: (323) 962-3889

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Email :	Address
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TWO T'S DISTRIBUTORS LLC

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Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

TO: Registration Section Division of Corporation		
SUBJECT: TWO T'S D	DISTRIBUTORS LLC	
	(Name of Limited Liability Company)	
The enclosed Articles of Am	nendment and fee(s) are submitted for filling.	20 N
Please return all corresponde	ence concerning this matter to the following:	2010 APR 22
•	Tony Burroughs	元 22
-	(Name of Person)	M 9: 28
1	Legalzoom.com, Inc.	ب
•	(Fimi/Company)	72 28
: -	7083 Hollywood Blvd., Suite 180	
-	Los Angeles, CA 90028 (City/State and Zip Code) reming this matter, please call:	
Tony Burroughs	at (323) 962-8600	
(Nune of Pe	erson) (Area Code & Dayaimo Telophone Nu	mber)
\$25.00 Filing Fve	Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certificate of Status	Filing Fee, ficate of Status & fied Copy tional copy is enclosed)
Registration Division of P.O. Box 6	f Corporations Division of Corporations	s:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TWO T'S DISTRIBUTORS L			·	-	
(Name of the Limited I	Liability Company as it now a Florida Limited Liability Comp	ppears on our records.) any)	ı		
The Articles of Organization for this Limited Lia	bility Company were filed or	1 03/12/2010	an	d assigr	ned
Florida document number <u>L10000027695</u>			NE SE	2010	
This amendment is submitted to amend the follow	ving:		CRETAILY LAHASSE	APR 22	
A. If amending name, enter the new name of	the limited liability compan	<u>v here</u> :		AM 9:	ED
The new name must be distinguishable and end with "LLLC."	the words "Limited Liability C	Company," the designation		ce)	reviation
B. If amending the registered agent and/or registered agent and/or the new registered offi		on our records, ente	er the nar	ne of (be new
Name of New Registered Agent:				··	
New Registered Office Address:	New Registered Office Address: 21230 Pelican Sound Dr. Unit 201 (Enter Florida street address)				
	Florida	, 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 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 = M MGRM =	lanager. Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
Programme			
			Remove
<u> </u>			Remove T
		G G	22 -
			99 U NAG □ AGG
			Add
			Remove
	_	e(s) here: (Attach additional sheets, if necessary.)	
	of the LLC shall be: 21230 Pelican S	rincipal office and the mailing address Sound Dr. Unit 201, Florida 33928	. <u></u>
_	Article V. The address of all managin		-
2	1230 Pelican Sound Dr. Unit 201, F	lorida 33928	_
Dáted <u>À</u>	PRIL 13 , 201	<u>D</u> .	
	Shomas Del Signature of a member	of dullwrized representative of a member	
	Thomas Delapine, managing men	NDer	

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Filing Fee: \$25.00