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N. CAUSSEAUX

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EXAMINER

# **COVER LETTER**

Two Four 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:  David G. Marshlack Name of Person  Two Four Nine LLC Firm/Company  2852 20th Avenue No Address  St. Peter Shurø, FL 33713  City/State and Zip Code  Demail Lpq. com  Semail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  David Marshlack at (727, 433-2222  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount:  \$\begin{array} \text{S25.00 Filing Fee} & Certificate of Status & Certificat Copy (additional copy is enclosed)  \end{array}  \$\begin{array} \text{S60.00 Filing Fee} & Certificate of Status & Certificat Copy (additional copy is enclosed)  \end{array}	TO: Registration Section Division of Corporations
Please return all correspondence concerning this matter to the following:  David G. Marshlack Name of Person  Two Four Nine LLC Firm/Company  2852 20 <sup>th</sup> Avenue No Address  Great Peter Shurg FL 33713  City/State and Zip Code  Gavid@mail+pq.com E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  David Marshlack at (727, 433-2222  Name of Person  Enclosed is a check for the following amount:  S25.00 Filing Fee Certificate of Status  Certificate of Status & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	SUBJECT: TWO FOUR Name of Limited Liability Company
David G. Marshlack  Name of Person  Two Four Nine LLC  Firm/Company  2852 20th Avenue No  Address  St Peter Sourø, FL 33713  City/State and Zip Code  david@mailtpa.com  B-mail address: No be used for future annual report notification)  For further information concerning this matter, please call:  David Marshlack at (727, 433-2222  Name of Person  Enclosed is a check for the following amount:  \$\begin{align*} \text{S25.00 Filling Fee} & Certificate of Status & Certificate of Status & Certificate of Status & Certificate Opy (additional copy is enclosed)  \end{align*}	The enclosed Articles of Amendment and fee(s) are submitted for filing.
TWO Four Nine LLC  Firm/Company  2852 20	Please return all correspondence concerning this matter to the following:
Peter Sburg FL 33713  St Peter Sburg FL 33713  City/State and Zip Code  david@mail* address: Ito be used for future annual report notification)  For further information concerning this matter, please call:  David Marshlack at (727, 433-2222  Name of Person Area Code & Daytime Telephone Number  Enclosed is a check for the following amount:  \$\int \frac{1}{2}	David G. Marshlack Name of Person
St Peter Sburg FL 33713  City/State and Zip Code  david@mail+pq.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  David Marshlack at (727, 433-2222  Name of Person Area Code & Daytime Telephone Number  Enclosed is a check for the following amount:  \$\Begin{array} \text{\$55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)}  Certified Copy  (additional copy is enclosed)	Two Four Nine LLC
City/State and Zip Code  Description  For further information concerning this matter, please call:  David Marshlack at (727, 433-2222)  Name of Person  Enclosed is a check for the following amount:  Securificate of Status  City/State and Zip Code  The place of Future annual report notification  For further information concerning this matter, please call:  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount:  Securificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy  Certified Copy  Certified Copy (additional copy is enclosed)	2852 20th Avenue No
David Marsh   Remail address: (to be used for future annual report notification)   For further information concerning this matter, please call:    David Marsh   Carl   A 33 - 2222     Name of Person   Area Code & Daytime Telephone Number	St Petersburg, FL 33713
Enclosed is a check for the following amount:  \$\Begin{array}{c} \text{Solon Filing Fee} \text{ Solon Filing Fee & Certificate of Status} \text{ Certified Copy (additional copy is enclosed)} \text{ Certified Copy}  Certifie	david@mailtpa.com
Area Code & Daytime Telephone Number  Enclosed is a check for the following amount:  [] \$25.00 Filing Fee \$ 30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)    \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)	For further information concerning this matter, please call:
\$\ \frac{1}{2}\$\$5.00 Filing Fee \\ \frac{2}{2}\$\$5.00 Filing Fee \\ \frac{2}{2}\$\$Certificate of Status \\ \frac{2}{2}\$\$Certificate of Status \\ \frac{2}{2}\$\$Certified Copy (additional copy is enclosed) \\ \frac{2}{2}\$\$Certified Copy	David Marshlack at 727, 433-2222  Name of Person  Name of Person  Name of Person  Name of Person
(additional copy is enclosed) Certified Copy	Enclosed is a check for the following amount:

### 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**

TWO FOUR N	Vine LLC	26
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our ited Liability Company)	records.)
The Articles of Organization for this Limited Liability Com- Florida document number		2010 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
N/	Á	
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	NA	
(Principal office address MUST BE A STREET ADDRES	20)	
Enter new mailing address, if applicable:	-N/A	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registere registered agent and/or the new registered office addres	ed office address on our reco s here:	ords, enter the name of the new
Name of New Registered Agent:	N/A	
New Registered Office Address:		
	Enter Flori	da street address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered A	gent:	

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:

í

'MGR = Mana MGRM = Ma	ger naging Member		
<u>Title</u>	Name	Address	Type of Action
MGRM	Marshlack, David G.	2852 20th Ave No 5t Petersburg FL 33713	Add Remove
			Add Remove
•			Add Remove
D. If amendir	ng any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	
			11 APR 26 AH II: 55
Dated	1.25 .20		<b>5</b>
	Signature of a momber	or authorized representative of a member	
	<u>Dean</u>	Marshlack or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00