111000026159

(Requestor's Name)
7401 Wiles Rd (Address)
Coval Exings 33067
7546048006 (City/State/Zip/Phone #)
PICK-UP WAIT MAIL
TWO ISland Girls LLC (Business Entity Name)
<u></u>
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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FILE 1

J. SAULSBERRY EXAMINER OCT 10 2011

COVER LETTER

TO: Registration S Division of Co		•				
SUBJECT: Name of Limited Liability Company						
The enclosed Articles of	f Amendment and fee(s) are submitted for t	filing.				
Please return all corresp	ondence concerning this matter to the follo	wing:				
	Idie Dussus	of Person		-		
	· Firm/	Company	· · · · · · · · · · · · · · · · · · ·	- .		
•		Fwo Island Girls LLC. 401 Wiles Rd. Suite #221 Joral Springs, FL 33067 954-604-8006		SECRETAR	20H OCT -	Control of the contro
	E-mail address: Yto be used for	and Zip Code Poly Code Poly Code	ion)	Y STATE	7 411 8: 09	
Jodie		as4) 604 80	00c			
Name	of Person	Area Code & Daytime Te	elephone Numbe	r		
Enclosed is a check for	he following amount:					
25.00 Filing Fee	Certificate of Status Cert	0 Filing Fee & ified Copy itional copy is enclosed)	Certifie	ate of Stat		osed)

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

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on March Florida document number L11000 26159 This amendment is submitted to amend the following:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation

"L.L.C." Two Island Girls LLC. Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

A. If amending name, enter the new name of the limited liability company here:

7401 Wiles Rd. Suite #221 Coral Springs, FL 33067 954-604-8006

Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

New Registered Office Address:

Two Island Girls LLC. 7401 Wiles Rd. Suite #221 Coral Springs, FL 33067 954-604-8006

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Two Island Girls LLC.

7401 Wiles Rd. Suite #221 Coral Springs, FL 33067 954-604-8006

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

Page I of 2

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 **Title** <u>Name</u> <u>Address</u> **Type of Action** ☐ Add Remove MGR Remove Add ☐ Remove Add Remove ∐Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated September 24th Signature of a member or authorized representative of a member ussard Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00