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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

APR 25 2012

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TWO SUZYS 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:

Mel Strahosky
Name of Person

TWO SUZYS LLC
Firm/Company

PO BOX 781540
Address

Sebastian FL 32978
City/State and Zip Code

MELSUZ@MSN.COM
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Mel at (**305**) **923-0365**
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

TWO SUZYS LLC

Page 1 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

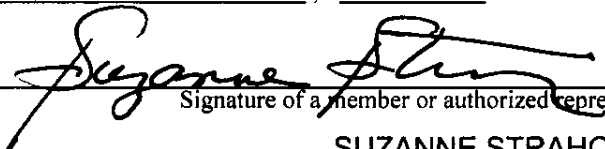
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	MEL STRAHOSKY	116 HARBOR POINT DRIVE SEBASTIAN FL 32958	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	JAY EVILSIZOR	1011 SOUTH MIRAMAR AVENUE INDIALANTIC FL 32903	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	SUZANNE STRAHOSKY	116 HARBOR POINT DRIVE SEBASTIAN FL 32958	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	SUSAN L. EVILSIZOR	1011 SOUTH MIRAMAR AVENUE INDIALANTIC FL 32903	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

Dated 19 APRIL, 2012



Signature of a member or authorized representative of a member
SUZANNE STRAHOSKY

Typed or printed name of signee