L12-000051373

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(Address)				
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SECRETARY OF STATE.

2012 APR 23 AM 9: 1

J. SAULSBERRY EXAMINER

APR 25 2012

COVER LETTER

TO:

Registration Section

Divisio	ı of Corporations					
SUBJECT:	TWC	SUZYS LLC				
50B5EC1		nited Liability Company				
The enclosed Art	icles of Amendment and fee(s) are su	abmitted for filing.				
Please return all	correspondence concerning this matte	er to the following:				
	<u></u>	Mel Strahosky				
		Name of Person	••••			
		TWO SUZYS LLC	¥	TA'S	2	
		Firm/Company		EOS.	12 A	n ter _g one
		PO BOX 781540		HAS	2012 APR 23	# # # # # # # # # # # # # # # # # # #
		Address	· ·	RYO SEE		
		Sebastian Fl 32978		OF STATE E. FLORID	M 9: 12	The state of the s
	·	City/State and Zip Code				
		MELSUZ@MSN.COM			10	
		(to be used for future annual report notification	1)			
For further inform	nation concerning this matter, please	call:				
 	Mel	41 ()	-0365	·—·—		
	Name of Person	Area Code & Daytime Tele	phone Number	•		
Enclosed is a che	ck for the following amount:					
\$25.00 Filing	Fee \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & [Certified Copy (additional copy is enclosed)	\$60.00 Fil Certifica Certified (addition	te of Stat Copy		sed)
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET/COURIER A Registration Section Division of Corporations Clifton Building 2661 Executive Center O Tallahassee, FL 32301	5			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TWO SUZ	ZYS LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appea liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Company			and assigned	
Florida document number <u>L12000051373</u> .				
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited liab</u>	ility company her	<u>·e</u> :		
	. 11 11 11 0	22 (1122	"I I CD 4	11
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Compa	any," the designation	_ <i>:</i>	bbreviatio
Enter new principal offices address, if applicable:			2012 -SEC	
(Principal office address MUST BE A STREET ADDRESS)			ARE P	<u>'''</u> (1
			AR.	Protection .
Enter new mailing address, if applicable:			STATE LOSID	
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	
Y	 			
B. If amending the registered agent and/or registered of	fice address on o	our records, enter	r the name o	f the new
registered agent and/or the new registered office address her		, <u></u>		
Name of New Registered Agent:		·		
New Registered Office Address:				
	Enter Florida street address			
	Citv	, Florida _	Zip Code	
	City		zip coae	

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGRM = Managing Member Address **Type of Action** Title <u>Name</u> MGRM MEL STRAHOSKY ☐ Add 116 HARBOR POINT DRIVE ✓ Remove SEBASTIAN FL 32958 JAY EVILSIZOR MGRM 1011 SOUTH MIRAMAR AVENUE ☐ Add INDILANTIC FL 32903 ✓ Remove MGRM SUZANNE STRAHOSKY ✓ Add 116 HARBOR POINT DRIVE SEBASTIAN FL 32958 ☐ Remove SUSAN L. EVILSIZOR **✓** Add MGRM 1011 SOUTH MIRAMAR AVENUE INDIALANTIC FL 32903 Remove ∏Add

D.	If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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	•	NA SSE	ž 7.	4 1
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	-		 	Ten, ner

Remove

∏Add ∏Remove

MGR = Manager

Signature of a member or authorized epresentative of a member

SUZANNE STRAHOSKY

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00