06/19/2031 0



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H130001754543)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

'AUG - 8 2013

SELLERS

ω

**AUG -6** 

AH []: 35

Help

To:

1

c

11.1

പ

လုံ

ЧH

5

AUG

2

ECEIVED

21

\*\*

\*

From: Account Name : LAZARUS CORPO Account Number : I20000000019 Phone : (305)552-597 Fax Number : (305)220-144

Division of Corporations

Fax Number : (850)617-6383

: LAZARUS CORPORATE FILING SERVICE, INC. r : I20000000019 : (305)552-5973 : (305)220-1440

Enter the email address for this business entity to be used for future

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TWINS INVESTMENT GROUP LLC

Certificate of Status	. 0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

	<u>.</u>		•						
9/2031	02:30		•		م م أدر م		8	#5241	P.002/0
				H 7 5 Č C (	01 <i>11</i> 0	4 <b>3 4</b> 9		·	
			ARTICI	LES OF AN	IENDM	ENT			
			ARTICL	TO ES OF OR( OF	GANIZA	TION			
	T	WINS	INVE	STMEN	IT ( is it now app lity Company	SFOL	PL	<u>-LC</u>	
The Art Florida	icles of Org document n	nization for this	Limited Liabilit	ty Company we	re filed on	08-	14-12	and a	ssigned
This am	endment is	submitted to ame	and the following	· · ·					
A, If a	mending na	me, <u>enter the n</u>	ew name of the	limited liability	<u>company</u>	here:			
		· _ ·							
The new "L.L.C."		be distinguishable	and end with the	words "Limited	Liability Co	mpany," the	designation	"LLC" or th	e abbrevi
Enter p	new princip	al offices addre	s, if applicable:						
	• •	daress MUST BE							
<u>(Mailin</u>	<u>ie address N</u>	HAY BE A POST	<u>OFFICE BOX</u>	2					
		the registered and/or the new re			e address o	on our rea	cords, <u>ente</u>	the name	: of the
	Name of ]	New Registered	Agent						
				· · ·					
	HOW KOY	istered Office Ad	<u>ucs</u>			Enter Flo.	rida street a	daress	
					<b></b>		_, Florida		
			••		City			Zip Co	ode
New Re	egistered Ag	ent's Signature, I	f changing Regis	tered Agent:					
the pro accept being f	visions of a the obligat filed to mer	e appointment a all statutes relat tions of my posit rely reflect a cha n notified in wrli	ive to the prope ion as registere mge in the regis	er and complete ed agent as pro stered office aa	e performa wided for it	nce of my n Chapter	duties, and 608, F.S. C	1 am famili r, frihis de	ar with Sumení
<u>ج</u> ،			<u> </u>		g Registered	Agent, Sign	ature of New	Registered A	i Ment i i
				Page 1 of	• -	·o····		FLOF	
	-		12 4	78882	معر بہ م	;	•		ת

I

I ļ

H13000175454

, ir i

06/18/2031 02:30

0178486

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>	Name	Address	Type of Action						
MGRM	JAIRO PASCUZZO	14335 SW 120 ST. ST	E 211						
·		Mami A- 33186	Remove						
			_						
	<b></b>		Add Remove						
	<b></b>		Add						
			Remove						
			Add						
	· · · · · · · · · · · · · · · · · · ·		Remove						
	,								
<u> </u>			Add Remove						
D. If amend	ing any other information, enter change	(s) here: (Attach additional sheets, if necessary.)							
·	······								
			-						
• <del>•••</del> •			· ,						
$\overline{\Delta}$									
Dated	ugust 6th, 201	3							
	- har with	7	· <del></del>						
	Signature of a nember of	or authorized representative of a member PASCU220							
• .	(yped c	or printed name of signee							
Page 2 of 2									
	አር ዶ ግ ቤ	ちゃんで はた気 君							
	y:30	09175456							