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### **COVER LETTER**

TO: **Registration Section Division of Corporations** Change of Address 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: Toby W. Malbec Name of Person TWM Insight LLC Firm/Company 5478 SW 195th Terrace Address Miramar, FL 33029 City/State and Zip Code Tobemanfl@att.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Toby W. Malbec Name of Person Daytime Telephone Number Enclosed is a check for the following amount: □ \$25.00 Filing Fee ■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TWM Insight LLC			
(Name of the Limited Liability Compa (A Florida Limited)	nny as it now appears on our records.) Liability Company)	<u> </u>	
The Articles of Organization for this Limited Liability Company Florida document number <u>L12000136942</u> .		and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and end with the words "Limited Liah	oility Company," the designation "LLC" or the	e abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	5478 SW 195th Terrace		
(Principal office address MUST BE A STREET ADDRESS)	Miramar, FL 33029		
Enter new mailing address, if applicable:	5478 SW 195th Terrace		
(Mailing address MAY BE A POST OFFICE BOX)	Miramar, FL 33029		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her  Name of New Registered Agent:		r the name of the	
New Registered Office Address:			
	Enter Florida street address	700 J	
	, Florida _	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	•	Zip code	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete			

If Changing Registered Agent, Signature of New Registered Agent

accept the obligations of my position as registered agent as provided for in Chapter 605, 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 amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			□ Add
			Remove
		<del></del>	<u>c</u> □ Remove
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			Add
			□ Remove

	necessary.)
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The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 of	optional) days after
the date this document is filed by the Florida Department of State)	
March 23 2014	
March 23 2014	

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Filing Fee: \$25.00

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