

L12000146101

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

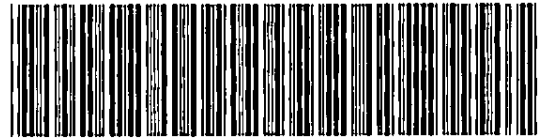
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

S.C.  
07/28/21



200369531132

07/09/21--01018--006 \*\*25.00

07/09/21 9:24 AM  
FILED  
C

## COVER LETTER

TO: Registration Section  
Division of Corporations.

SUBJECT: TWO SISTERS INTERNATIONAL 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:

FERNANDO GIMENEZ  
Name of Person  
TWO SISTERS INTERNATIONAL LLC  
Firm/Company  
2929 SW 3rd Ave, Ste 210  
Address  
Miami, FL 33129  
City/State and Zip Code  
fdogg2@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FERNANDO GIMENEZ at 786 252-4552  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

FILED  
A 11:20

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

TWO SISTERS INTERNATIONAL LLC

(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 11/20/2012 and assigned Florida document number L12000146101.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

(Principal office address **MUST BE A STREET ADDRESS**)

2929 SW 3<sup>rd</sup> Ave  
Ste 210  
Miami FL 33129

**Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

2929 SW 3<sup>rd</sup> Ave  
Ste 210  
Miami FL 33129

**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:

FERNANDO GIMENEZ

New Registered Office Address:

2929 SW 3<sup>rd</sup> Ave, Ste 210

Enter Florida street address

Miami

Florida

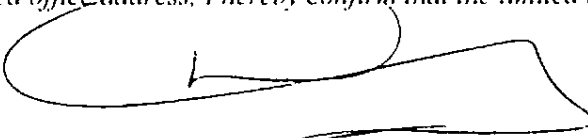
33129

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 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 Changing Registered Agent, Signature of New Registered Agent**

Title	Name	Address	Type of Action
D	ALDO FRANCO		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		2929 SW 3 <sup>RD</sup> AVE, STE 210, MIAMI, FL 33129	<input checked="" type="checkbox"/> Change
D	MARIA FRANCO		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		2929 SW 3 <sup>RD</sup> AVE, STE 210, MIAMI, FL 33129	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Blank lines for amending information.

7/1/2021 11:24

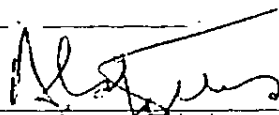
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 7/1/2021



Signature of a member or authorized representative of a member

ALDO FRANCO

Typed or printed name of signee