

**L13000146727**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

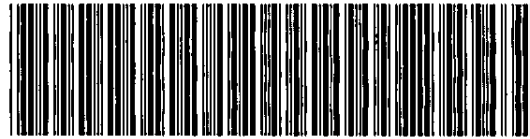
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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TALLAHASSEE, FLORIDA

C. LEWIS  
DEC 17 2013  
EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Twilash 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:

Lizette Urrechaga

Name of Person

Twilash LLC

Firm/Company

1500 Weston Road Suite 221

Address

Weston, FL 33326

City/State and Zip Code

eurrechaga@me.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lizette Urrechaga

Name of Person

at ( 954 ) 727-5203

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

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**(Name of the Limited Liability Company as it now appears on our records.)**  
(A Florida Limited Liability Company)

Page 1 of 3

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

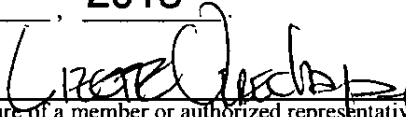
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Lizette Urrechaga	1500 Weston Road	<input type="checkbox"/> Add
		Suite 221	<input checked="" type="checkbox"/> Remove
		Weston Fl 3326	
MGRM	Lizette Urrechaga	1500 Weston Road	<input checked="" type="checkbox"/> Add
		Suite 221	<input type="checkbox"/> Remove
		Weston Fl 33326	
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Ammend effective Date of Organization to 01/01/2014

Update Record EIN 46-4229620

Dated 12/04, 2013



Signature of a member or authorized representative of a member

Lizette Urrechaga

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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