## L13000166727

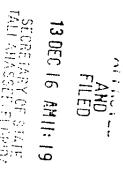
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PICK-UP	☐ WAIT	MAIL
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C. LEWIS

DEC 1 7 2013

EXAMINER

## COVER LETTER

TO: Registration Section

Division of Corporations

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, FI 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

,954,7**27-520**3

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

APPROVED 13 DEC 16 AMII: 19 SECKETARY OF STATE TALLAHASSEE, FLORIDA

- 1	WI	las	h	LL	C
~			_		

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

(11 Torica Ellino	A Diability Company	,	
The Articles of Organization for this Limited Liability Compa Florida document number <u>L13000166727</u> .	any were filed on _	12/02/2013	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	iability company	<u>here</u> :	
The new name must be distinguishable and end with the words "L "L.L.C."	imited Liability Cor	npany," the designation "LLC	" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	2		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address l		n our records, <u>enter the</u>	name of the new
Name of New Registered Agent:			
New Registered Office Address:			
		Enter Florida street addres	23
	<del> </del>	, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:		

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, 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>	Address	Type of Action
MGR	Lizette Urrechaga	1500 Weston Road	Add
		Suite 221	Remove
		Weston Fl 3326	
MGRM	Lizette Urrechaga	1500 Weston Road	Add
		Suite 221	Remove
		Weston Fl 33326	
			Add
			Remove
			Add
			Remove
			Add
		<del></del>	Remove
	<del></del>	· · · · · · · · · · · · · · · · · · ·	Add
			Remove

Update Record EIN 46-4229620  Dated 12/04 , 2013  Signature of a member or authorized representative of a member		Ing any other information, enter change(s) here: (Attach additional sheets, if necessary.) mmend effective Date of Organization to 01/01/2014
Dated 12/04 , 2013  Signature of a member or authorized representative of a member		pdate Record EIN 46-4229620
Signature of a member or authorized representative of a member		
Signature of a member or authorized representative of a member	Dated 12/	04 2013
.		1263E JEGOD
Typed or printed name of signee		Lizette Urrechaga

Page 3 of 3

Filing Fee: \$25.00

13 DEC | 6 AM | 1: |

APPROVED AND FILED