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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : FAEHNER PLLC
Account Number : I20170000081
Phone : (727)306-0202
Fax Number : (727)474-9949

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TWTS HOLDINGS, LLC

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
2024 MAR -5 AM 10:27
STATE OF FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TWTS HOLDINGS, 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:

MICHAEL J. FAEHNER, ESQ.

Name of Person

FAEHNER, PLLC

Firm/Company

301 WOODLANDS PKWY, SUITE #10

Address

OLDSMAR, FL 34677

City/State and Zip Code

filings@faehner.com

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

For further information concerning this matter, please call:

MICHAEL J. FAEHNER, ESQ.

727 306-0201
at ()

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TWTS HOLDINGS, 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 January 30, 2014 and assigned Florida document number L14000016901.

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:

25941 US Highway 19 North

(Principal office address MUST BE A STREET ADDRESS)

Clearwater, FL 33763

Enter new mailing address, if applicable:

Post Office Box 16951

(Mailing address MAY BE A POST OFFICE BOX)

Clearwater, FL 33763

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:

New Registered Office Address:

Enter Florida street address

Florida

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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Jeffrey Winkler	430 Park Place Blvd	<input type="checkbox"/> Add
		Suite 100	<input checked="" type="checkbox"/> Remove
		Clearwater, FL 33759	<input type="checkbox"/> Change
MGR	Dale Treger	430 Park Place Blvd	<input type="checkbox"/> Add
		Suite 100	<input checked="" type="checkbox"/> Remove
		Clearwater, FL 33759	<input type="checkbox"/> Change
MGR	Stephen C. Backman	430 Park Place Blvd	<input type="checkbox"/> Add
		Suite 100	<input checked="" type="checkbox"/> Remove
		Clearwater, FL 33759	<input type="checkbox"/> Change
MGR	Tim Journy	25941 US Highway 19N	<input checked="" type="checkbox"/> Add
		Clearwater, FL 33763	<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

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

NONE

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

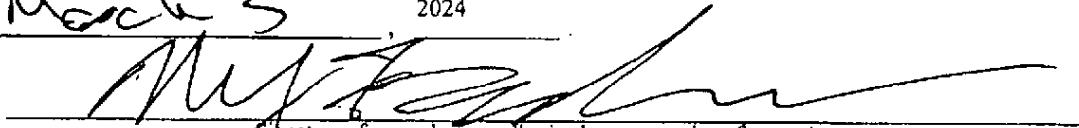
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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

March 5, 2024



Signature of a member or authorized representative of a member

MICHAEL J. FAEHNER, ESQ.

Typed or printed name of signer

A240000813743

Filing Fee: \$25.00