L140000040747

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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
TwoChi LL	.C		
SUBJECT:	Name of Lim	ited Liability Company	
The englosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter		
	Irit Vizer		
		Name of Person	
	TwoChi LLC		
		Firm/Company	
	111 S. Maitland Ave.		
		Address	
	Maitland Ave. 32751		
		City/State and Zip Code	
	irit@twochi, com E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
Irit Vizer		407 4793790	
Name o	t Person	at ()	e Telephone Number
Enclosed is a check for the	he 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 Addres		<u>Street Address:</u> Registration Se	ction
Registration by Division of C		Division of Cor	porations
P.O. Box 632	27	The Centre of T	l'allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TwoChi LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)	_
The Articles of Organization for this Limited Liability Company	were filed on 03/11/2014	and assigned
lorida document number 1.14000040747		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		020
		SEP
Enter new mailing address, if applicable:		22
Mailing address MAY BE A POST OFFICE BOX)		SSC TI
		man and O
		F. 2
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	ne name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flor	rida
	City . F101	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 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>	Type of Action
MGR	Amos Vizer	111 S. Maitland Ave.	= Add
		Maitland, FL 32751	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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ffective date, if other an effective date is listed, t	he date must be spec	ific and cannot l	be prior to da	te of tiling or mo	re than 90 days a	otional) fter filing.) Pursua	nt to 605.020
Note: If the date inserted locument's effective date	l in this block doe e on the Departme	s not meet the nt of State's re	applicable ecords.	statutory filing	requirements.	this date will no	t be listed a
record specifies a delay-	ed effective date, b	out not an effe	ctive time, a	nt 12:01 a.m. o	n the earlier of:	(b) The 90th o	fay after the
d is filed.							
		2020	·				
		. 2020					
d is filed. August 28 Onted	Signatu	-:	 	Frepresentative (of a member		

Filing Fee: \$25.00