2/4000041656

(Rec	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	
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TALLAHASSEE FLORES



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 15, 2014

BRIAN DEL FIERRO BALWANT CHEEMA CPA 8301 NW 197TH ST. MIAMI, FL 33015

SUBJECT: TWO LLC

Ref. Number: L14000041656

We have received your document for TWO LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 614A00022151

Agnes Lunt Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO:	Registration Division of	Section Corporations				
SUBJ	ECT:		TWC	LLC		
	N	ame of Florida Limited Pa	ntnership or	Limited	Liabilit	y Limited Partnership
The e	nclosed Certif	icate of Amendment a	and fee(s)	are sub	mitted	for filing.
Please	e return all cor	respondence concerni	ng this ma	atter to	:	
	В	RIAN DEL FIERRO				
		Contact Person				
	BAL	WANT CHEEMA C	PA		_	
		Firm/Company				
	8	301 NW 197TH ST				
		Address				
		MIAMI, FL 33015				
		City, State and Zip Code		· · · · · · · · · · · · · · · · · · ·	_	
	BF	RIAN@BALCPA.CO	М			
Е	-mail address: (to	be used for future annual	l report noti	fication)		
For fu	ırther informat	tion concerning this m	atter, plea	ıse call	:	
	BRIAN D	EL FIERRO	at (305)	764-1073
	Name of Conta	act Person			and Day	time Telephone Number
Enclo	sed is a check	for the following amo	ount:			
\$ 52	.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status		.00 Filin tified Co		\$113.75 Filing Fee, Certified Copy, and Certificate of Status
STRE	EET ADDRES	SS:		MAII	LING	ADDRESS:
	tration Section			_		Section
	on of Corpora	tions				Corporations
	n Building Executive Cen	itor Cirolo			Box 63	
	executive Central assee, FL 32.			Tallaf	iassee,	FL 32314
		- · ·				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TWO LLC		
(Name of the Limite	d Liability Company as it now appears of A Florida Limited Liability Company)	on our records.)
he Articles of Organization for this Limited Liceles of Organization for the Limited Liceles of Organization for this Limited Liceles of Organization for the Licel	ability Company were filed on 03/1	2/2014 and assigned
nis amendment is submitted to amend the follo	wing:	
. If amending name, enter the new name of	the limited liability company here	2
I/A		
e new name must be distinguishable and end with the v	vords "Limited Liability Company," the de-	signation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applica	ible: N/A	i Constant
rincipal office address MUST BE A STREE	T ADDRESS)	7 5 T
·		
nter new mailing address, if applicable:	N/A	
<u> Iailing address MAY BE A POST OFFICE I</u>	<u></u>	- CT
. If amending the registered agent and/egistered agent and/or the new registered of		our records, enter the name of the
Name of New Registered Agent:	N/A	
New Registered Office Address:	N/A	
	Enter Florida	a 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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	VERGA, GABRIELE	8301 NW 197TH ST	
		MIAMI, FL 33015	Remove
MGR	CHIODINI, ALESSANDRA	8301 NW 197TH ST	Add
		MIAMI, FL 33015	Remove
			Remove
			□ Remove
	·		
			□ Remove
			□ Add
			Remove

N/A	, r		•	
	·		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
The effective date m		e prior to date of receipt or		(optional) more than 90 days after
he effective date method the date this docum	nust be specific, cannot be nent is filed by the Florida	te of fuing:		(optional) more than 90 days after
the effective date method the date this docum	nust be specific, cannot be then is filed by the Florida 21	re of filing: the prior to date of receipt or a Department of State) 2014	filed date and cannot be	more than 90 days after
The effective date m the date this docum Dated October	nust be specific, cannot be then is filed by the Florida 21	te of fuing: e prior to date of receipt or a Department of State)	filed date and cannot be	more than 90 days after

Page 3 of 3

Filing Fee: \$25.00