

L14000093868

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

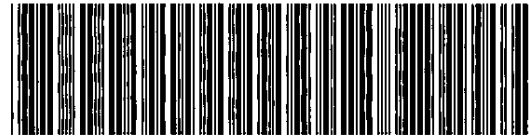
(Business Entity Name)

(Document Number)

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MORRIS LAW GROUP
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Estate & Gift Tax Planning
Asset Preservation Planning
Wills & Trusts
Business Structuring &
Succession
Domestic & International Tax Planning
Probate & Trust Administration
Special Needs Planning

June 17, 2014

Via FedEx 2-Day
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: 8625 Twin Lake, LLC
Our File No.: 50393.005

Dear Sir or Madam:

Enclosed please find an original and one copy of the Articles of Amendment to Articles of Organization of 8625 Twiin Lake, LLC.

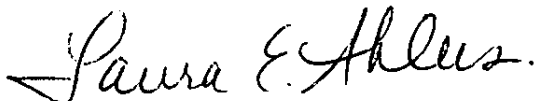
Also enclosed is our firm's check in the amount of \$55.00 representing the filing fee and one certified copy fee.

Please return the certified copy via the enclosed self-addressed stamped envelope.

Thank you and should you have any questions, please do not hesitate to contact me.

Sincerely,

MORRIS LAW GROUP



Laura E. Ahlers
Paralegal
Enclosures

ADDITIONAL OFFICES:

Aventura: 20801 Biscayne Boulevard, Suite 304, Aventura, FL 33180 • 305-682-8330
West Palm Beach: 777 South Flagler Drive, West Tower, Suite 800, West Palm Beach, FL 33401 • 561-805-9533

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 8625 TWIIN LAKE, 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:

STUART R. MORRIS, ESQ.

Name of Person

MORRIS LAW GROUP

Firm/Company

7284 W PALMETTO PARK ROAD, STE 101

Address

BOCA RATON, FL 33433

City/State and Zip Code

SMORRIS@LAW-MORRIS.COM

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

For further information concerning this matter, please call:

LAURA E. AHLERS

Name of Person

561 750-3850

at ()
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**

8625 TWIIN LAKE, 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 JUNE 11, 2014 and assigned
Florida document number L14000093868.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

8625 TWIN LAKE, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

City

Florida

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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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		_____	<input type="checkbox"/> Remove

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		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated JUNE 16, 2014

Signature of a member or authorized representative of a member

STUART R. MORRIS, ESQ., AUTHORIZED REP

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
JUN 19 PM 3:35
TALLAHASSEE, FLORIDA