

L14000154378

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

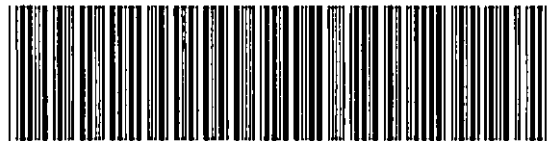
(Business Entity Name)

(Document Number)

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FILED  
CLERK OF STATE  
DIVISION OF REGISTRATION  
20 NOV 23 PM 4:28

*Amend/Name Change*

JUN 11 2021

D CUSHING

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KESU, 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:

D. Scott McPherson

\_\_\_\_\_  
Name of Person

McPherson & Associates, LLC

\_\_\_\_\_  
Firm/Company

582 Thompson Rd.

\_\_\_\_\_  
Address

Sparta, GA 31087

\_\_\_\_\_  
City/State and Zip Code

jatopping@outlook.com

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

20 NOV 23 PM 4:28  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

D. Scott McPherson

770 at ( )

313-5131

Daytime Telephone Number

EMAIL:

GEORGIALEGALCLINIC@

YAHOO.COM

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

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

KESU, LLC

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

20 NOV 23 PM 4:28  
FILED  
CLERK OF COUNTY  
OF DADE  
MIAMI, FL

The Articles of Organization for this Limited Liability Company were filed on 10-2-2014 and assigned  
Florida document number L14000154378.

This amendment is submitted to amend the following:

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

TWPC, LLC

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:**

**(Principal office address MUST BE A STREET ADDRESS)**

711 Forest Club Dr.

Wellington, FL 33414

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

711 Forest Club Dr.

Wellington, FL 33414

**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:

David R. Topping

New Registered Office Address:

10 Edgewater Dr. #12-A

*Enter Florida street address*

Coral Gables

*City*

Florida 33133

*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 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	John T. Slattery	711 Forest Dr.	<input type="checkbox"/> Add
		Wellington, FL 33414	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Arthur B. Cornfeld	711 Forest Dr.	<input type="checkbox"/> Add
		Wellington, FL 33414	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

N/A

[illegible]

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific to the particular claim.)

(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 requirements of 605.0207 (3)(b), the application will be deemed to be filed on the date of filing.

**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

11/5/2020

Signature of a member or authorized representative of a member

David R. Topping

Typed or printed name of signee