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# **COVER LETTER**

TO: Registration Section Division of Corporation	on rations		ه
SUBJECT:	Name of Limit	early, LLC ited Liability Company	
The enclosed Articles of Am	nendment and fee(s) are sub-	mitted for tiling.	
Please return all corresponde	ence concerning this matter	to the following:	
	Swap	nil Shah	
	JN	S Rearry, LL	
	2110 h	NW 95th AVE	
	Miam	Chy/State and Zip Code	2
-	E-mail address: (t	55+ 0 manual. Obe used for future annual report notif	(OV)
For further information cone			,,,,,,
Swam Shame of Pe	rson	at ( <u>305</u> ) <u>592 -</u> Area Code Daytime	2712 Telephone Number
Enclosed is a check for the fo	ollowing amount:		
\$25.00 Filing Fee f	<del>-</del>	☐ \$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

TWS Realty	f. LLC	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited Li	as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number <u>L150000 92854</u> .	were filed on 5 24 15	_ and assigned
orida document numberL15000 9285\frac{1}{2}.  It amending name, enter the new name of the limited liability company here:  e new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC".  Inter new principal offices address, if applicable:  Inter new mailing address MUST BE A STREET ADDRESS)  There new mailing address, if applicable:  It amending the registered agent and/or registered office address on our records, enter the name of the new gistered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		18 IVIS
(Principal office address MUST BE A STREET ADDRESS)		
		2 PM
the Articles of Organization for this Limited Liability Company were filed on 524 15 and a lorida document number 150000 92854. This amendment is submitted to amend the following:  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 on the new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the name registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:		e name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	Cav	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> Name **Address** Type of Action Bhavana Shah ☐ Remove ☐ Change MGR Swappil Shah □ Add Remove \_□ Change □ Add ☐ Remove ☐ Change □ Add \_□ Remove ☐ Change □ Add ☐ Remove ☐ Change \_□ Add ☐ Remove \_□ Change

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Note:	ive date, if other than the date of filing:	0207 ( d as tl
the red	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.	r of:
Dated	6/22. 2018.	
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	Signature of a member of authorized representative of a member	

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Filing Fee: \$25.00