450012501

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cir	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bı	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



100278411791

10/26/15--01016--025 **25.00

FILED

SECRETARY OF STATE

SECRETARY OF STATE

OCT 2 7 2015 S. YOUNG

COVER LETTER

Division of Corporations
SUBJECT: T.W. Philips Properties 12C 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:
Toresa w Pluling Name of Person Twphuling Properties UC Firm/Company Local 119th St. Address Semunde F1. 3378 City/State and Zip Code City/State and Zip Code
2-man accirces. (to be used for future annual report nonnearon)
For further information concerning this matter, please call:
Teresa (1) Phillips 21727, 430-6710
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$

MAILING ADDRESS:

TO:

Registration Section

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

T. W. P. LUCO (Name of the Limite	ed Liability dompany (A Florida Limited Lia	as it now appears on our	records.)	
The Articles of Organization for this Limited Lie Florida document number 150001	ability Company w		2100	and assigned
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liabili	ty company here:		
The new name must be distinguishable and contain the wo	ıble:	Company," the designation	"LLC" or the abbrevi	ation "L.L.C."
The second secon	TIPIPILESSY		250	ָּה <u></u>
Enter new mailing address, if applicable:	2012		AllASSEE	FILE
(Mailing address MAY BE A POST OFFICE E	<u>30X)</u>			
B. If amending the registered agent and/or registered agent and/or the new registered off		ce address on our re	cords, enter the	name of the new
Name of New Registered Agent:	Teresi	a wo Phi	llys	
New Registered Office Address:	10001	Enter Florida street	oddress	
	Somin	1	, Florida	33778

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 = Ma $AMBR = Au$	anager Ithorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
NGR.	TEESA W. Phillips	10601 119th St. S. Smill	de la Add
			☐ Remove
			Change
			Add
			Remove
			Change
		TALLE	□ Add
		ARY O	Remove 26 Change
		E S S S S S S S S S S S S S S S S S S S	Add
			□ Remove
			Change
			□ Add
		<u> </u>	🗆 Remove
			Change
			□ Add
			_□ Remove
			_ Change

, · · · ·	
	-
	TALL SEC
	오취 9
	<u> </u>
	SET C
	=
	RIDA RIDA
ective date, if other than the date of filing:effective date is listed, the date must be specific and cannot be prior to date of file.	
e: If the date inserted in this block does not meet the applicable statuto ument's effective date on the Department of State's records.	ory filing requirements, this date will not be list
record specifies a delayed effective date, but not an effective 90th day after the record is filed.	ective time, at 12:01 a.m. on the earli
11/23/2015	
ed 10/00/90/3,	
ed / / / / / / / / / / / / / / / / / / /	sentative of a member

Page 3 of 3

Filing Fee: \$25.00