# L15000189369

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ry/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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DEC O 3 2015 J. HARRIS

## **COVER LETTER**

Division of Corporations					
SUBJECT: TW Little Liability Company					
The enclosed Articles of Amendment and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Tara Harris					
IM (;H LC Firm/Company					
4511 W. Atlantic Blud Apt 1804					
Coconut Creek FL 33000 City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Name of Person at 954 Area Code Daytime Telephone Number					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (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

Im	Lift LCC
(Name of the Limited Liability Com (A Florida Limite	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number 1 1500 (8936)	any were filed on November 09 201 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited li</u>	iability company here:
	ND
The new name must be distinguishable and contain the words "Limited Lie	
Enter new principal offices address, if applicable:	and
(Principal office address MUST BE A STREET ADDRESS)	
	in the second se
Enter new mailing address, if applicable:	- 1
(Mailing address MAY BE A POST OFFICE BOX)	>
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	· · · · · · · · · · · · · · · · · · ·
	office address on our records, enter the name of the
registered agent and/or the new registered office address h	<u>here</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	. Florida
, <del>,,,,</del> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Cin. 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				
mGR	Jara Harris	4511 W. Alantic Blvd Apt 1804 Coconut Crepk, TL Remove		
		COCONUT CREPKIT - Remove		
		33066 Change		
	<del></del>	Add		
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The state of the s		<b></b>		
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D. If am	nending any other information, enter change(s) here:		
•		change.	
	· ·	PR for the	OUTNOV. 200
	person on record		
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(If an ei <b>Note:</b>	flective date is listed, the date must be specific and cannot be prior to date. If the date inserted in this block does not meet the applicable ment's effective date on the Department of State's records.	te of filing or more than 90 days	optional) after filing.) Pursuant to 605.0207 (3)(b , this date will not be listed as the
If the re (b) The	ecord specifies a delayed effective date, but not an e 90th day after the record is filed.	effective time, at 12:0	01 a.m. on the earlier of:
Dated	Hovember 23, 2015.		DW M
	Signature of a member or authorized	representative of a member	
	Tara Harris		V 30 BY
	Typed or printed na	ne of signee	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Page 3 o	f3	<u> </u>

Filing Fee: \$25.00