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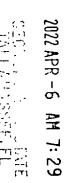
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## **COVER LETTER**

TO:

	gistration Se vision of Cor	porations		
eun ipær	Twin Metro	Realty, LLC	* * * * * * * * * * * * * * * * * * * *	* *
SUBJECT:	<u> </u>	Name of Lim	ited Liability Company	<u> </u>
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	n all correspo	ndence concerning this matter	to the following:	
		Troy Molde		
			Name of Person	. <del> </del>
		TM Listings, LLC		
			Firm/Company	
		17925 FULDA TRI.		
			Address	
		Lakeville, MN 55044		
			City/State and Zip Code	<del></del>
		troy.molde@gmail.com		
For further i	nformation c	n-mail address: ( oncerning this matter, please ca	to be used for future annual report no all:	ancation)
Troy Molde	:		612 363-8322 at ()	
,	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is	a check for th	ne following amount:		
<b>■</b> \$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)
	ailing Addres gistration S		Street Address: Registration S	ection
	_	orporations	Division of Co	
P.0	O. Box 632	7	The Centre of	Tallahassee
Та	Hahassee, l	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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

FILED

## TWIN METRO Realty LLL

2022 APR -6 AM 7: 29

SECTAL ALL SINTE TALLALIASSEE, FL The Articles of Organization for this Limited Liability Company were filed on 4-22-2016 \_\_\_\_ and assigned Florida document number <u>L16000079694</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: TM Listings, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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

#### 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
			□Change
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	e date, but not an effective	time, at 12:01 a.m. on the c	arlier of: (b) The 90th day a	fter the
is filed.	2022			
record specifies a delayed effectiv Lis filed.  March 31st	. 2022			