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. PICK-UP	☐ WAIT	MAIL	
(Bu	isiness Entity Nan	ne)	
(Document Number)			
Certified Copies Certificates of Status		s of Status	
Special Instructions to	Filing Officer:		

Office Use Only

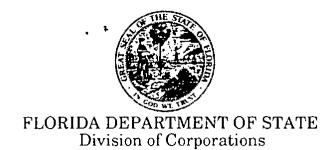


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R. WHITE EW 0 3 2013





April 17, 2019

JOHIO C RODRIGUEZ 1637 SW 2ND ST APT 2 MIAMI, FL 33135

SUBJECT: TWIN CARPENTRY CONSTRUCTION LLC

Ref. Number: L16000103590

We have received your document for TWIN CARPENTRY CONSTRUCTION LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Limited Partnership, but your entity is a Limited Liability-Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist III

2019 APR 29 PM

Letter Number: 819A00007803

### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Twiw CARPENTRY CONSTRUCTION Lhe 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:
Julia C. Radriburz
Twin CAR Dertry Construction when
16375W 2 st aft 2
MIAMI, FY 33/3V City/State and Zip Code
1 CR OD O666 W G MAIL. COM  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person  Name of Person
Name of Person Aca Code Paytine Person Name
Enclosed is a check for the following amount:
\$25.00 Filing Fee

#### MAILING ADDRESS:

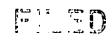
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## 

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2019 APR 29 PM 3: 19

TWIS CARDENTRY	mpany as it now appears on our records:)  Med Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number <u>んしんりゅうしゅろう</u>	any were filed on $\frac{\partial \int /\partial L}{\partial L}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited I	iability company here:
The new name must be distinguishable and contain the words "Limited L	iability 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)	(AR /05 M. QASTILLO PEROZ 163) Sw 2nd St aft L MILLII FG, 33/35
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our records, enter the name of the new here:
Name of New Registered Agent:	N/A
New Registered Office Address:	Enter Florida street address
<del></del>	, Florida
	City 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.

4)(4

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>	Address	Type of Action
Secretary	CARLOS M. RASTILO	16375W 2 1 St w/02 MIXMI, 1=4, 03/3V	<b>B</b> L_Add
(	, 2,75 - 5	MIXUI, F4, 03/3/	🗖 Remove
			Change
			□ Add
			☐ Remove
			Change
			🗆 Add
		<del></del>	Remove
			Change
		<u> </u>	□ Remove
			Change
-			
			Remove
			Change
			Add
		<del></del>	□ Remove
			Change

# 

Effective date, if other than the date of filing:  OLLOID 2015  (optional)  (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 605.9207 (3 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.  the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  The 90th day after the record is filed.  Dated  OLLOY  Signature of a member or suthorized representative of a member  Typed or printed range of signee		DA
(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 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.  the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  The 90th day after the record is filed.  Dated  O 4 4 4 2 0 9  Signature of a member or authorized representative of a member		1
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Page 3 of 3

Filing Fee: \$25.00