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(Requestor's Name)	
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COVER LETTER

TQ:	Division of Cor							
SUBJE	CT:		7	wo	STUDE	ITS, L	LC	
			Name	of Limite	ed Liability Com	pany		
The end	closed Articles of	Amendment a	ind fee(s) ar	re subm	itted for filing.			
Please	return all correspo	ndence conce	rning this n -	natter to	the following:			
				Jo	RGE	PUENT	ES	
					Name of Po	erson		
					FirmCom	pany		
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			 		Address			- - /
			- F	EKN	ANDANA City/State and 7	A BEA-0	h, FC	_32034
				JI	RSPUE	TES (a)	MSN.	COM
For furt	her information co	oncerning this		1		e annuai report no	ипсацоп)	
	JOR	GE PI	JENTE	2	ar 90	04) 430 ode Daytir	1-2011	
	Name of	Person			Area C	ode Daytir	ne Telephone Nun	nber
Enclose	d is a check for th	e following a	nount:					
\$ 25	.00 Filing Fee	□ \$30,00 F Certific	Filing Fee & cate of State	us 	□ \$55.00 Fili Certified ((additional c		Certif Certif	Filing Fee, Teate of Status & Ted Copy Ted Copy is enclosed)
	Registra Division P.O. Bo	NG ADDRES ation Section of Corporati x 6327 ssee, FL 3231	ons		F E C 2	TREET/COUR degistration Section of Corpo lifton Building 661 Executive Corallahassee, FL 30	on orations enter Circle	:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

	TWO STUDENTS, LLC
(Name of the Lin	nited Liability Company as it now appears on our records.) [(A Florida Limited Liability Company)
	Liability Company were filed on $1/23/2017$ and assigned
This amendment is submitted to amend the fo	llowing:
A. 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 "L.L.C."
Enter new principal offices address, if appl	icable:
(Principal office address MUST BE A STRE	ET ADDRESS)
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFIC</u> I	E BOX)
	·
B. If amending the registered agent and registered agent and/or the new registered	d/or registered office address on our records, enter the name of the new office address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
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

or removed fi	rom our records:	nanage, enter the title, name, and address of each person being added
MGR = Ma AMBR = Au	nager thorized Member	Address Address SG125 Moriches Dr., February Add Change
Tirle	Name	Address Type of Action
MGR	JOCGE PUENTES	86125 Mociches Dr. Kell
		Remove
		Change
		Remove
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		——————————————————————————————————————
		Remove
		Add
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. If amending any other information, ent	er change(s) here: (Attach additional sheets, if necessary.)
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Effective date, if other than the date of I	filing: 9/8/2017 (optional)
If an effective date is listed, the date must be specif. Note: If the date inserted in this block does	and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 not meet the applicable statutory filing requirements, this date will not be listed as
document's effective date on the Department	of State's records.
an annual amonifina a doloural afforsi	;
The 90th day after the record is fi	ve date, but not an effective time, at 12:01 a.m. on the earlier of:
9/B/2017	
Dated 1/0/2011	#· <u>A</u>
	HITHULLY:
Signature	of a ntember or authorized representative of a member
Í	ORGE PUENTES
	Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00