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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

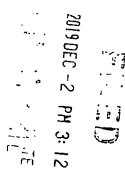
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COVER LETTER

Tallahassee, FL 32314

TO:

TO: Registration Se Division of Cor			•
1. TWIN RR	OTHERS DIGITAL LINK LL	r.	• • • • • • • • • • • • • • • • • • •
			
	Name of Lim	nea Liability Company	
TWIN BROTHERS DIGITAL LINK, LLC. Name of Limited Liability Company			
Please return all correspo	ondence concerning this matter	to the following:	
	RENIER GONZALEZ MA	ARTIN	
	****	Name of Person	
	TWIN BROTHERS DIGI	ΓAL LINK, LLC.	
		Firm/Company	
	1330 NE 13TH PLACE		
		Address	
	CAPE CORAL, FL 33909		
		City/State and Zip Code	
			<u> </u>
			fication)
For further information c	oncerning this matter, please ca	all:	
RENIER GONZALEZ			
Name o			e Telephone Number
Englosed is a check for th	he following amount:		
		Descontillantes e	C) \$40.00 EH E
= 323.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
<u>Mailing Addres</u> Registration !		<u>Street Address:</u> Registration Se	ction
Division of C		Division of Cor	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TWIN BROTHERS DIGITAL LINK, LL				
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appearida Limited Liability Company)	rs on our records.)		
ne Articles of Organization for this Limited Liability	y Company were filed on $\frac{01}{2}$	/30/2017	and assi	gned
orida document number 1.17000022814	·			
is amendment is submitted to amend the following	:			
If amending name, enter the new name of the l	imited liability company h	ere:		
'A				
new name must be distinguishable and contain the words	Limited Liability Company," the c	lesignation "LLC" or the abbr	eviation "L.I	C."
ter new principal offices address, if applicable:	N/A		. 21	
rincipal office address MUST BE A STREET AD	DRESS)	***	. 190	
		<u></u>	· <u>E</u>	
		t-	-2	n (1,000 1) 1
ter new mailing address, if applicable:	N/A		2019 DEC -2 PH 3: 13	<u>.</u> 9 3
ailing address MAY BE A POST OFFICE BOX)		<u>.</u>	🚊 င်း	
		ι.	$\frac{1}{\omega}$	
If amending the registered agent and/or registeent and/or the new registered office address her		ecords, <u>enter the name</u>	of the new	regist
Name of New Registered Agent: N/.	Α			
New Registered Office Address:				
	Enter Flo	rida street address		
		, 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.

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

ame	Address	Type of Action
EIVYS FUNDORA HERNANDI	4770 WHISTLERS GREEN CIR, APT 4	= Add
	NAPLES, FL 34116	□Remove
		Change
		□ Add
		□ Remove
		□Change
		🗆 Add
		Remove
		□Change
		[]Add
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		☐ Change
		🗆 Add
	·	□Remove □Change
	EIVYS FUNDORA HERNANDI	EIVYS FUNDORA HERNANDI 4770 WHISTLERS GREEN CIR, APT 4 NAPLES, FL 34116

Page 2 of 3

				
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fective date, if other than the date an effective date is listed, the date must be ote: If the date inserted in this blocked becament's effective date on the Department.	e specific and cannot be prion k does not meet the appli	r to date of filing or more the	(optional) nan 90 days after filing.) Pursua juirements, this date will not	nt to 605.0207 t be listed as
record specifies a delayed e The 90th day after the recor	effective date, but no d is filed.	ot an effective time	, at 12:01 a.m. on the	earlier of
ned NOVEMBER I	. 2019	·		
ned NOVEMBER I	gnature of a member or aud			

Page 3 of 3

Filing Fee: \$25.00