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(Red	questor's Name)	
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SECRETARY OF STATE

OF THE CORPORATIONS

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COVER LETTER

TO:

TO: Registration Se Division of Cor			
Twelfth			
SUBJECT:	Name of Lim	ited Liability Company	
•			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Paula Zuluaga		
	·	Name of Person	
	Twelfth		
		Firm/Company	<u></u>
	8724 SW 72ND STREE	T #275	
		Address	****
	Miami, FL 33173		
		City/State and Zip Code	
	paula@twelfthmiami.com		
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report no all:	tification)
Paula Zuluaga		305 281-5181	
Name (of Person	at () Area Code Daytii	me Telephone Number
Enclosed is a check for t	the following amount:		
□ \$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)
<u>Mailing Addre</u> Registration		Street Address: Registration S	ection
Division of (Division of Co	
P.O. Box 63		The Centre of	
Tallahassee,	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Twelfth , LLC	<u>.</u>		
. (Name of the Limite	<u>d Liability Comp:</u> A Florida Limited	nny as it now appears on our records Liability Company)	<u>.</u>)
The Articles of Organization for this Limited List lorida document number L17000112025	nbility Company	were filed on	and assigned
his amendment is submitted to amend the follo	wing:		
A. If amending name, <u>enter the new name of</u>	the limited liah	oility company here:	
N/A			
The new name must be distinguishable and contain the we	ords "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ible:	N/A	
Principal office address MUST BE A STREE	<u>(ADDRESS)</u>		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE I	<u>80X)</u>	N/A	
3. If amending the registered agent and/or re ngent and/or the new registered office addres		address on our records, <u>enter (</u>	the name of the new registe
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida street address	•
			orida
		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 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>	<u>Address</u>	Type of Action
MGR	Ashleigh Shim	8724 SW 72ND STREET #275 Miami, FL 33173	3 □Add
			■ Remove
			Change
			□Add
			□Remove
			□Change
	 		□ Add
			🗀 Remove
			□Change
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ffective date, if other than the dat	August 18, 2022	(opti	anal)
an effective date is listed, the date must be :	specific and cannot be prior to date of	f filing or more than 90 days after	r filing.) Pursuant to 605.0207
lote: If the date inserted in this block ocument's effective date on the Depart		mory ming requirements, in	s date will not be listed as
	e, but not an effective time, at I	2:01 a.m. on the earlier of: (b) The 90th day after the
I is filed.			
I is filed.	2022		
record specifies a delayed effective dad is filed. Bated August 18		h	