

18000065907

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

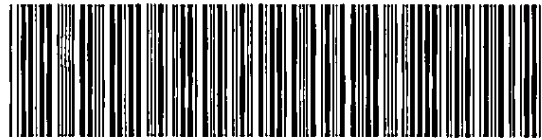
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

? wrong form

Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

18 JUL 24 PM 3:02

FILED

✓ SALY  
JUL 25 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 2, 2018

TWIN 22 INVESTMENTS LLC  
ALICIA GOMEZ  
10496 CRESTON GLEN CIR. EAST  
JACKSONVILLE, FL 32256

SUBJECT: TWIN 22 INVESTMENTS LLC  
Ref. Number: L18000065907

We have received your document for TWIN 22 INVESTMENTS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 318A00013680



RECEIVED

2018 JUL 26 AM 10:01

ALICIA GOMEZ  
10496 CRESTON GLEN CIR  
JACKSONVILLE, FL 32256

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TWIN 22 INVESTMENTS LLC  
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:

ALICIA GOMEZ  
Name of Person  
TWIN 22 INVESTMENTS LLC  
Firm/Company  
10496 CRESTON GLEN CIR. E  
Address  
JACKSONVILLE, FL 32216  
City/State and Zip Code  
  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

ALICIA GOMEZ at ( 904 ) 881-6564  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for 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)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TWIN 22 INVESTMENTS LLC

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

The Articles of Organization for this Limited Liability Company were filed on 02/12/2018 and assigned  
Florida document number 218000065907.

This amendment is submitted to amend the following:

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 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

Florida

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>PRESIDENT</u>	<u>ALICIA GOMEZ</u>	<u>10496 CRESTON GLEN CIR E</u>	<input type="checkbox"/> Add
		<u>JACKSONVILLE, FL 32256</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

ALICIA GOMEZ IS CURRENTLY LISTED AS "MGR."  
PLEASE CHANGE TO "PRESIDENT"

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TALLAHASSEE, FLORIDA


E. Effective date, if other than the date of filing: 07/20/2018 (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 605.0207 (3)(b)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated 07/08/2018

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

ALICIA GOMEZ  
\_\_\_\_\_  
Typed or printed name of signer

July 8, 2018

Florida Department of State  
Registration Section  
Divisions of Corporations  
PO BOX 6327  
Tallahassee, FL 32314

**Re: L18000065907 - TWIN 22 INVESTMENTS LLC**

Dear Sir or Madam;


In compliance with your request, I am returning the Forms I received dated July 2, 2018 regarding my request for the changing of my title from **Manager, to President.**

I am the sole owner of TWIN 22 INVESTMENTS LLC at this time and there are no other Managing Partners.

However, the Forms did not specifically address my issue, nevertheless, I have completed the areas that I believed are applicable to my request.

Enclosed please find the completed Forms signed in blue ink, as well as the Check in the amount of \$25.00 for the Filing Fee.

Sincerely,

  
ALICIA GOMEZ  
President  
TWIN 22 INVESTMENTS LLC  
10496 CRESTON GLEN CIRCLE E  
JACKSONVILLE, FL 32256  
904-881-6564