9/10/25, 12:18 PM Division of Corporations

L18000273479

Florida Department of State
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : PRIME INCOME TAX AND ACCOUNTING LLC
Account Number : I20210000201
Phone : (561)409-3106
Fax Number : (561)952-0315

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Email Address: PRIMEINCOMETAX1@GMAIL.COM

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

TW CON, LLC

Certificate of Status	0
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Page Count	01
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K. SALY

SEP 11 2025

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Phone: (508) 831-8445
Fax: 18506176383

Fax

To:	From: rafaela vieira
Fax: 18506176383	Date: 2025-09-10 18:37:40 GMT
Re: Fwd: STATEMENT OF CORRECTION TW CON, LLC	

In article IV Please the name and address of person authorized to manager a LLC should be JOSE ROBERTO GIGLIO with his original information AND TIAGO CAMELO FAVARETTI, title AMBR, address Rua 13, n. 45. Jardim Goias. Goias 74810-070 BR. Please make this correction as requested at the documents attachaded.

23269 STATE ROAD 7, SUITE 119
BOCA RATON FL 33428

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TW CON, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RAFAELA VIEIRA
Name of Person

PRIME INCOME TAX AND ACCOUNTING LLC
Firm/Company

23269 STATE ROAD 7, SUITE 119
Address

BOCA RATON, FL .33428
City/State and Zip Code

PRIMEINCOMETAX1@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAFAELA VIEIRA at (561) 409-3106
Name of Person — Area Code — Daytime Telephone Number

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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ $25 Filing Fee ☐ $30 Filing Fee & Certificate of Status ■ $55 Filing Fee & Certified Copy ☐ $60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (9/15)

FILED
2025 SEP 10 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: TW CON, LLC

SECOND: The Florida Document number of the limited liability company is: L18000073479

THIRD: Document to be corrected is: ARTICLES OF ORGANIZATION FILED MARCH, 21ST 2018

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT

☐ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

In Article IV, the name and address of persons authorized to manage a LLC should have JOSE ROBERTO GIGLIC with his original address infornation, and TIAGO CAMELO FAVARETTI, TITLE AMBR address:Rua 13. N.45 - Jardim Goiás. Goiás 74.810-170 - BR.

OR

☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

☐ The electronic transmission of the record was defective.

09 / 05 / 2025

Signature of Authorized Representative Date

Signature of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

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.

Registered Agent's Signature

Filing Fee: $25.00
Certified Copy: $30.00 (optional)