9/19/23, 12:10 PM

Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000330220 3)))



Note: DO NOT hit the REURESH/RELOAD humon on your browser from this page Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALING CORPORATE SERVICES INC.

Account Number : 120180000011 Phone : (844)385-8178 Fax Number : (214)317-4754

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TWIN PROPERTY SOLUTIONS LLC

Commence of the second	HTPS:THEFT THE COLLEGE AND A STITE THE MAKE THE
Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55.00

Electronic Filing Menu — Corporate Filing Menu

Help

SEP 2 1 20/3

Registration Section

Tallahassee, FL 32314

TO:

COVER LETTER

13236068205

Division of C	orporations		
TWINP	ROPERTY SOLUTIONS LLC		
SUBJECT:	Name of Lin	ited Liability Company	***************************************
The analogad Acticles	of Amendment and Cor(a) and such	mutual for Oliva	
	of Amendment and fee(s) are sub		
Please return all corres	pondence concerning this matter	to the following:	
	Cheyenne Moseley		
		Name of Person	
	Legalzoom.com, Inc.		
		Firm/Company	
	101 N Brand Blvd 11th Fl		
		Address	
	Glendale, CA 91203		
	prusiabrothers@gmail.com	City/State and Zip Code	
·	E-mail address: (to be used for future annual report noti	fication)
For further information	concerning this matter, please co	ili:	
Cheyenne Moseley		800 773-0888	
Name	of Person	at ()	e 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 Fadditional copy is enclosed)
Regis Divis	LING ADDRESS: stration Section ion of Corporations Box 6327	STREET/COURI Registration Section Division of Corpor Clifton Building	on

2661 Executive Center Circle Tallahassee, FL 32301

company has been notified in writing of this change

From: Rajiv Srivastava

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TWIN PROPERTY SOLUTIONS LLC		
(A Florida Limited (A Florida Limited)	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.18000107814}{1.18000107814}$.	were filed on 04/30/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	duy Company," the designation "U.f.C" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7025 CR 46A Ste. 1071 #356	2
(Principal office address MUST BE A STREET ADDRESS)	Lake Mary, FL 32746	72
Enter new mailing address, if applicable:	7025 CR 46A Ste 1071 #356	
(Mailing address MAY BE A POST OFFICE BOX)	Lake Mary, FL 32746	#
maning dualess mare be a rost of rice bony		<u> </u>
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her Name of New Registered Agent:		eer the name of the n
New Registered Office Address:	Enter Florida street address	
	, Florida	
New Registered Agent's Signature, if changing Registered Agent:		Zip Code
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	ee to act in this capacity. I further performance of my duties, and I a provided for in Chapter 605, F.S. (m familiar with and Or, if this document is

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>	Address	Type of Action
AMBR	Judson Prusia		Add
			Remove
		7025 CR 46A Ste. 1071 #356, Lake Mary, FL 32746	
AMBR	Griffin Prusia		🖸 Add
		7025 CR 46A Sie, 1071 #356, Lake Mary, FL	
		32746	🛱 Change
			O Add
			☐ Remove
			Change
			☐ Remove
			🗆 Change
			🗆 Add
			☐ Remove
			Change
			
		<u>-</u>	□ Remove
			☐ Change

-		-
_		
_		
		-
-		-
-		-
-		,
-		-
-		
_		
_		
-		•
		-
Note:	ive date, if other than the date of filing: (optional) rective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list ent's effective date on the Department of State's records.	5.0207 ed as
	ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.	er ol
Dated _	Seltember 3th 2023	
	- Auji T	
	Augusture of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00