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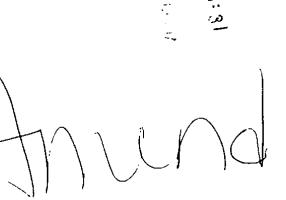
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Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

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I ALBRITTON

## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	Twin Palr	ns LLC	•
	Name of Lim	ited Liability Company	•
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Neal	cooper	
		Name of Person	
	Twin	Palms Ll	_ C
	PO BO>	Firm/Company	4
	MIGMI	FLW dq	33261
	Candle E-mail address: (	City/State and Zip Code  S-T-C-C-D-G-M  to be used for future annual report no	@5mgil.com
For further information co	oncerning this matter, please ca	all:	
Neal (	Cooper	a(30,5	770-4297
Name of	l'Person	Area Code Dayti	ime Telephone Number
Enclosed is a check for th	· ·		
\$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** 

-twin Palm	s LLC
	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L/8000</u> 240	v were filed on $101008$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "L.L.C." 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)	م:
registered agent and/or the new registered office address her	office address on our records, <u>enter the name of the new</u> re:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
<del></del>	, Florida
New Registered Agent's Signature, if changing Registered Agent.	<u> </u>
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	provided for in Chapter 605, F.S. Or, if this document is
if Cha	nging 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 addeder removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Bradley weis	5 3911 NW 12th Tern Mighi FL 33126	Add
		Migni FL 33126	≥   Bemove
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(If an eff Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	<u>-7-17-7019.</u>
	, h , a / )
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00