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### **COVER LETTER**

'TO:

TO: Registration Se Division of Cor				
OPERARI	LLC			
SUBJECT:	Name of Lim	ited Liability Company		
			· · · · · · · · · · · · · · · · · · ·	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	10 CEC	
Please return all correspo	ondence concerning this matter	to the following:	Ç.	
	EMERSON LYSIAS SPIN	NA .		
		Name of Person	·	
	OPERARULLC			
		Firm/Company		
	7735 WINDBREAK RD			
	<del></del>	Address		
	ORLANDO, FLORIDA	32819		
		City/State and Zip Code		
	emersonspina@icloud.com			
	E-mail address: (	to be used for future annual report not	ification)	
For further information c	oncerning this matter, please c	all:		
EMERSON LYSIAS SP	INA	407 747-4235 at ( )		
Name of Person		Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	ne 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 Addres		<u>Street Address:</u> Registration Se	ection	
Registration Section Division of Corporations		Division of Corporations		
P.O. Box 632		The Centre of		
Tallahassee, l	rl, 5251 <del>4</del>	Z410 M. Monro	oe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OPERARI 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 november 08, 2018 Florida document number 1.18000262795 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: TWOTTI LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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

### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
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			□Remove
			☐ Change
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an effe ote: l	we date, if other than the date tive date is listed, the date must be if the date inserted in this blockent's effective date on the Depart	specific and cannot be does not meet the	e prior to date of filing applicable statutory	g or more than 90 days	optional) after filing.) Pursuant to this date will not be	605.0207 listed as
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ated _	december 18	2019	·			
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	Emerson Lysias Spina					

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