

119 00000 4703

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

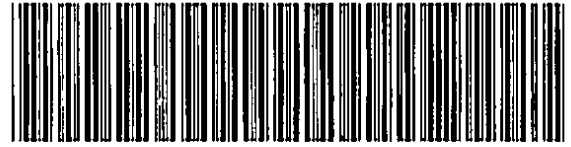
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22 AUG 17 PM 2:26  
DIVISION OF CORPORATIONS  
CLERK OF COURT

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TWIN DOLPHINS, 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:

JON B. COATS, JR., ESQ.

\_\_\_\_\_  
Name of Person

COATS SCHMIDT, P.A.

\_\_\_\_\_  
Firm/Company

4055 CENTRAL AVENUE

\_\_\_\_\_  
Address

ST. PETERSBURG, FL 33713

\_\_\_\_\_  
City/State and Zip Code

JON@COATS-SCHMIDT.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JON B. COATS, JR., ESQ.

727 456-4462  
at ( )

\_\_\_\_\_  
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 Address:

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

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TWIN DOLPHINS, 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 01/02/2019 and assigned Florida document number L19000004703.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1586 HEART LAKE ROAD

JERMYN, PA 18433

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1586 HEART LAKE ROAD

JERMYN, PA 18433

**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:

JON B. COATS, JR., ESQ.

New Registered Office Address:

4055 CENTRAL AVENUE

*Enter Florida street address*

ST. PETERSBURG

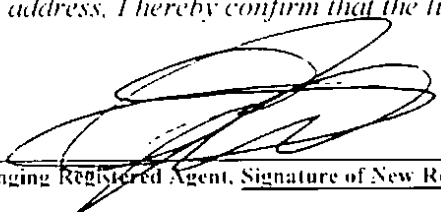
*City*

Florida 33713

*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>
MGR	ANNA LYTHGOE	202 182nd Ave. E.	<input type="checkbox"/> Add
		Redington Shores, FL 33708	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARK LYTHGOE	202 182nd Ave. E.	<input type="checkbox"/> Add
		Redington Shores, FL 33708	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	TERI BUTTS	1586 Heart Lake Road	<input checked="" type="checkbox"/> Add
		Jermyn, PA 18433	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ROBERT BUTTS	1586 Heart Lake Road	<input checked="" type="checkbox"/> Add
		Jermyn, PA 18433	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 DIVISION OF CHILD SUPPORT  
 JEFFREY A. BUTTS

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

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (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 August 11 2022

- DocuSigned by:

Turi Butts

-FF7F3-C929BA+D6

Signature of a member or authorized representative of a member

Teri Butts

Typed or printed name of signee

**Filing Fee: \$25.00**