L19000042764

(Re	questor's Name)	
DA)	dress)	
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(Cit	y/State/Zip/Phone	e #)
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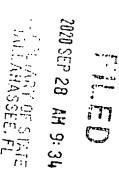


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COVER LETTER

FO: Registration Se Division of Cor	porations		
	TORATIONS LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	KHUANMAN RUENGSA	KE T	
		Name of Person	
		Firm/Company	
	3530 LARK LANE		
	PANAMA CITY FL 3240	Address	
	TKHUANMAN01@GMAI	City/State and Zip Code L.COM	
	E-mail address: (to be used for future annual report notif	cation)
For further information of	concerning this matter, please co	all:	
A RUENGSAKE T KII	IUANMAN	850 8325532 at ()	
Name c	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida document number 1.19000042764 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)	TW'S RESTORATIONS LLC		
Florida document number L19000042764 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)	(Name of the Limited Liability Cor (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)	
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 TO THE STREET ADDRESS	-	any were filed on 02/12/2019	and assigned
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)	lorida document number 1.19000042764		
the new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC" Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)	his amendment is submitted to amend the following:		
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Principal office address MUST BE A STREET ADDRESS)	inter new principal offices address, if applicable:		2020
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	egistered agent and/or the new registered office address	<u>here</u> :	
egistered agent and/or the new registered office address here:			
	Name of New Registered Agent:		
	New Registered Office Address:	Carrie Davida etcar a Mano	
Name of New Registered Agent: New Registered Office Address:		emer v torida sirvet address	
Name of New Registered Agent:		 _	idaZip Code
Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida		City	гір с оше

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>	Address	Type of Action
AMBR	GLENN LESTER JOHNS	353.0 LARK LANE	Add
		PCB, FL 32404	□ Remove
			☐ Change
			☐ Remove
			Change
			Add
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ADD GLENN LESTER JOHNS	;		
			
			
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effective date is listed, the date must b e: If the date inserted in this block	e specific and cannot be prior to date of filir k does not meet the applicable statutor	ng or more than 90 days after filing y filing requirements, this dat	g.) Pursuant to 605.020 e will not be listed a:
ament's effective date on the Department	artment of State's records.	•	
record specifies a delayed ence 90th day after the recor	effective date, but not an effect	tive time, at 12:01 a.m	. on the earlier o
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Filing Fee: \$25.00

Typed or printed name of signee