L19000094690

| (Red | juestor's Name) | |
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| (Add | (ress) | |
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| PICK-UP | ☐ WAIT | MAIL |
| (Bus | iness Entity Nar | me) |
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| Certified Copies | Certificates | s of Status |
| Special Instructions to F | iling Officer: | |
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Office Use Only

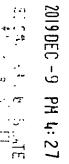


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COVER LETTER

TO:

| | Registration Se Division of Cor | | | |
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| Sites in an | | (PRESS SERVICES LLC | | |
| SUBJEC | 1: | Name of Lin | ited Liability Company | |
| The enclo | sed Articles of | Name of Limited Liability Company Files of Amendment and fee(s) are submitted for filing. Prespondence concerning this matter to the following: YVAN JESUS BATISTE MAURERA Name of Person TWINS EXPRESS SERVICES LLC Firm/Company 2253 ARBOUR WALK CIRCLE APT 514 Address NAPLES FLORIDA 34109 City/State and Zip Code twinsexpressservicesllc@gmail.com E-mail address: (to be used for future annual report notification) ation concerning this matter, please call: VIISTE MAURERA 239 Area Code Taylone Telephone Number k for the following amount: Fee S \$30.00 Filing Fee & S55.00 Filing Fee & \$60.00 Filing Fee. | | |
| Please ret | urn all correspo | ondence concerning this matter | to the following: | |
| | | YVAN JESUS BATISTE | MAURERA | |
| | | | Name of Person | |
| | | TWINS EXPRESS SERV | ICES LLC | |
| | | | Firm/Company | - |
| | | 2253 ARBOUR WALK C | IRCLE APT 514 | |
| | | | Address | |
| | | NAPLES FLORIDA 3410 | 9 | |
| | | | City/State and Zin Code | |
| | | | | ere er |
| For furthe | r information c | | | tification) |
| YVAN JI | ESUS BATIST | E MAURERA | | |
| | Name o | f Person | Area Code Daytii | ne Telephone Number |
| Enclosed | is a check for th | ne following amount: | | |
| □ \$25.0 | 0 Filing Fee | ■ \$30,00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fec. Certificate of Status & Certified Copy todditional copy is enclosed. |
| | dailing Addres | | <u>Street Address:</u> Registration So | ection |
| Į. | Division of C | orporations | Division of Co | orporations |
| | 2.O. Box 632 Fallahassee, l | | The Centre of 2415 N. Monro | Tallahassee pe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| TWINS EXPRESS SERVICES LLC | | |
|--|--|---------------------------|
| (<u>Name of the Limited Liability Comp.</u> (A Florida Limited | inv as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L19000094690</u> . | were filed on <u>04/05/2019</u> | 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 | ility Company," the designation "LLC" or th | e abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 2253 ARBOUR WALK CIRCLE | |
| (Principal office address MUST BE A STREET ADDRESS) | APT 514 | 20 |
| | NAPLES FLORIDA 34109 | <u> </u> |
| Enter new mailing address, if applicable: | 2253 ARBOUR WALK CIRCLE | 9 |
| (Mailing address MAY BE A POST OFFICE BOX) | APT 514 | |
| B If amending the registered agent and/or registered office agent and/or the new registered office address here: | NAPLES FLORIDA 34109 address on our records, enter the n | ame of the new registered |
| Name of New Registered Agent: | | |
| North Doming and Children Additionary | | |
| New Registered Office Address: | Enter Florida street address | |
| | Florida | |
| | City | Zgp 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 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 = Anthorized Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|-------------------------|------------------------------------|-----------------|
| AR | HEIDI TORRES MONCALEANO | 3450 POINCIANA ST. NAPLES FL 34105 | 🗆 Add |
| | | | = Remove |
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| Effective date, if other than the date of filing: 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 3 Pursuant to 605.92. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will see be listed document's effective date on the Department of State's records. The effective date on the Department of State's records. The 90th day after the date is tilted. Dated. Dated. Diecember 04. 2019 Signature of efficiency of antificitized representative of a member. | | | | | | | | | | | _ |
|--|-----------------|-------------------|---------------------------|--------------|--------------|----------------|-------------------------------|---|----------------------------------|-------------------------------------|--------------------|
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| Effective date, if other than the date of filing: [Coptional] 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 605.02 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed adocument's effective date on the Department of State's records. The effective date and delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the filing delayed effective date. Dated December 04. 2019 When the earlier of the earlier | | | | | | • | | | | _ · · · · | _ |
| Effective date, if other than the date of filing: | | | | | | | | | | | _ |
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| K-R-I | d is filed | ECEMBER 04 | | | 2019 | | | | | | |
| Signature of a member or authorized representative of a member | Di | | | | | · | | | | | |
| | Di | | | · | 4 | 3-1 | | | | | |