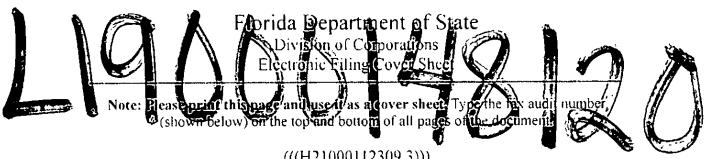
3/19/2021

Division of Corporations



(((H210001123093)))



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COVER LETTER

TO:	Registration Sec Division of Corp					
SUBJE	CT: TWTREN	IOVATIONS LLC Name of Limit	ed Liability Company			
		Amendment and fee(s) are subm				
Please	return all correspor	ndence concerning this matter to	o the following:			
		Cheyenne Moseley				
			Name of Person	<u></u>		
		Legalzoom.com, Inc.				
			Firm/Company		, * ·	2021
		101 N Brand Blvd 11th Fl				2021 HAR 19
			Address			- 9
		Glendale, CA 91203			<u> </u>	A
		Tradcliphine@sol.com	City/State and Zip Code		The of State	9: 43
		E-mail address: (t	o be used for future annual repor	t notification)	•	
For fu	rther information c	oncerning this matter, please ca	ili:		•	•
Cheye	enne Moselcy		at (800) 773-088	88 sytime Telephone Number		÷
	Name o	f Person	Area Code Di	аустте тетерлопе манност		
Enclos	sed is a check for th	he following amount:				
□ \$2	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 enclose		

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

(Name of the Limited Liability Con (A Florida Limit	mpany as it now appears on our led Liability Company)	records.)	
	any were filed on 06/04/2019	and assig	ned
Florida document number L19000148120			
The Articles of Organization for this Limited Liability Company were filed on 06/04/2019 and assigned Florida document number L19000148120 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) 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 Enter Florida street address Florida			
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 L	iability Company," the designation	n "LLC" or the abbreviation "II.	C."
Enter new principal offices address, if applicable:			282
		ţ,	<u> </u>
(17th cipal office address MOST BLASTREET MOSTEDS	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) of Organization for this Limited Liability Company were filed on 06/04/2019	≅	
		3.2	
		<u>"C</u>	>
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(Mailing address MAY BE A POST OFFICE BOX)			- 5
R If amending the registered agent and/or registere	d office address on our r	ecords, enter the name o	f the nev
registered agent and/or the new registered office address	<u>here</u> :		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida stree	t address	
		, Florida	
	City	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

LegalZoom.com, Inc.

AMBR = Authorized Member

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

or removed from our records:	``	-	
MGR = Manager			

<u>Fitle</u>	<u>Name</u>	Address	Type of Action
AMBR	Thomas Pasch	5718 NE 61ST AVENUE RD. SILVER SPRINGS, FL 34488	□ Add
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Effective date if other than the date of filing:	(ontional)	
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.) Pursuant to 605	.0207 (3)(Б)
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ne record specifies a delayed effective date, but not an o The 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlie	er of:
Dated 3 12-21		
The second secon		
Signature of a member or authorized r		
Signature of a member or authorized i	chiesemane of a memori	

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Typed or printed name of signee

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