

	(Requestor's Name)
	(Address)
<del>.</del>	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	s to Filing Officer;

Office Use Only



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## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: TW	O BIRDS LL Name of Limi	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	nitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Fiona F	Name of Person	
	Two Bir	Firm/Company	<u></u>
	3184 N Ocea	an Share Blud Address	
	Flagler Beach Fiona AFitzg	City/State and Zip Code  ibbun Qumuil. (om to be used for future annual report notifi	cation)
For further information co	ncerning this matter, please ca		,
Schuyler Cil	Person	at (63) 603 - Area Code Daytime	1516 Telephone Number
Enclosed is a check for the	e 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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TWO BIRDS L	_LC	
(Name of the Limited Liability Compan (A Florida Limited L	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company virillation of Company viri	were filed on08/12/2019	and assigned
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	7	
Enter new mailing address, if applicable:	3189 N Ocean Shore	
(Mailing address MAY BE A POST OFFICE BOX)	Flagler Beach, FL	32136
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here  Name of New Registered Agent:  New Registered Office Address:	Enter Florida street address, Florida	007 -7 M 0: 39
	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

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	Schuyler Cillispie	820 Beach Rd	<b>iX</b> Add
		820 Brach Rd Greenport NY, 11944	Remove
			☐ Change
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(If an ef Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	September 23 2019. Tiona Litrojbbon
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00