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COVER LETTER

Division of Co	•	•			
SUBJECT:	TWENTY VENTURES, LLC Name of Lim	nited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	BARRET HAMMOND				
	· · · · · · · · · · · · · · · · · · ·	Name of Person	•		
	TWENTY TWENTY VE	NTURES, LLC			
		Firm/Company			
	1100 BISCAYNE BLVD,	2706			
	<u> </u>	Address			
	MIAMI, FL 33132				
		City/State and Zip Code			
		URESLLC@GMAIL.COM			
	E-mail address: (to be used for future annual report notif	ication)		
For further information	concerning this matter, please c	all:		2.3	<i>₹.,</i>
BARRET HAMMOND	•	786 3289087		ŏ H.	
Name	of Person		: Telephone Number	20 HAY 15	OF CO
Enclosed is a check for	the following amount:			7: 2: g Fee, 5	OF STA
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Co (additional cop	of Status & opy	TIONS

Mailing Address:

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

County State Constitution of the Constitution

TWENTY TWENTY VENTURES, 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 04/28/2020	and assigned
Florida document number L20000114544		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LL	C" or the abbreviation "L.L.C."
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)		
induing dudress MAT BE AT OST OFFICE BOAY		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>ente</u>	r the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	ess
		lorida
	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
MGR	DAVID DINGMAN	1100 BISCAYNE BLVD, 2706 MIAMI, FL 33132	□Add
			■Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			Change
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			□Remove
			□ Change

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If amending any other inform	nation, enter change(s) here	: (Attach additional shee	ts, if necessary.)
		2000	
			
			
-			
			
			
			
			
	nust be specific and cannot be prior block does not meet the application.	able statutory filing requirer	(optional) days after filing.) Pursuant to 605.0207 (3 ments, this date will not be listed as the
the record specifies a delay) The 90th day after the r		t an effective time, at	12:01 a.m. on the earlier of:
Dated MAY 7TH	, 2020	_·	
Barn to Ala	Signature of a member or author	orized representative of a memb	per
BARRET HAMMO	۸D		
		ed name of signee	

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