L20000268142

| (Re | questor's Name) | |
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| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phon | e#) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Na | me) |
| - (Do | cument Number |) |
| Certified Copies | _ Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



300368850253

7/20/20

COVER LETTER

| TO: Registration Division of C | | |
|-----------------------------------|--|---|
| SUBJECT: | Twice As Nice LLC | |
| SUBJECT: | Name of Limited Liability Company | |
| The enclosed Articles of | of Amendment and fee(s) are submitted for filing. | |
| Please return all corres | spondence concerning this matter to the following: | |
| | Vanesa Robaina Name of Person | |
| | Twice As Nice LLC | |
| | 265 E 40TH STREET | |
| | Higlean, FL 33013 City/State and Zip Code | |
| | E-mail address: (to be used for future annual report notification |) |
| For further information | n concerning this matter, please call: | |
| | Robaina at (305) 397 - State of Person Area Code Daytime Telep | 5946 hone Number |
| Enclosed is a check for | or the following amount: | |
| \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ Certificate of Status 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 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

Twice As Nice 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 $August 28^{rh}$, 20 Florida document number $L20000268142$. | 20 and assigned |
| 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 ab | breviation "L.H.C." |
| Enter new principal offices address, if applicable: | - |
| (Principal office address MUST BE A STREET ADDRESS) | |
| | <u> </u> |
| 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 nam | e of the new registe |
| agent and/or the new registered office address here: | |
| N. CN. D. C. LA. | ; |
| Name of New Registered Agent: | - 7 |
| New Registered Office Address: | <u> </u> |
| Enter Florida street address | in the second se |
| Florida | |

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.

Cin

Zip Code

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 | Vanesa Robaina | 265 E 40 TM ST | 🏿 Add |
| | | Hialeah, FL 33013 | □Remove |
| | | | □Change |
| AMBR | Alyssa Aviles | 265 E 40TH ST | SŽAdd |
| | | Hialeah, FL 33013 | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □ Remove |
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|). If amer | ding any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| Note: 1 | (optional) tive 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)(f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nt's effective date on the Department of State's records. |
| f the record ecord is file | specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d. |
| Dated _ | Signature of a member or authorized representative of a member |
| | Vanesa Robaina Typed or printed name of signee |