## LZ0000268Z56

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## **COVER LETTER**

TO: Registration Sec Division of Corp					
SUBJECT:T	Wig's Cache U Name of Limi	cited Liability Company			
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Tone	Name of Person			
	Twig's C	Che LLC Firm/Company			
	3165 n.w. 60	h street Address			
	miami Fr. 3314	City/State and Zip Code		2020 SEP	٠ ^
	COX — monique E-mail address: (	700 Jahro Ctro	lication)	<del>-</del>	** 2 a
For further information c	oncerning this matter, please ca	all:		PH 4: I	J
Toregus Car Name o	f Person	at ( 365 ) 323 27 Area Code Daytime	e Telephone Number		
Enclosed is a check for the	ne following amount:				
□ \$25.00 Filing Fee	© \$60.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	

Mailing Address:

TO:

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

Twig's Cache Lic	nany as it now annears o	on our records )			
Name of the Limited Liability Comp	Liability Company)	in our recording)			
The Articles of Organization for this Limited Liability Compan	y were filed on _ <b></b>	and assigned			
Florida document number <u>L20000268286</u> .					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lia	bility company here	<b>:</b> :			
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the desig	ignation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)		202	_		
		25 6 · ·	ثمنت		
		<u> </u>	3 J		
Enter new mailing address, if applicable:		<u> </u>	L.T.: \$3		
(Mailing address MAY BE A POST OFFICE BOX)			4		
		17 11			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our reco	ords, <u>enter the name of the new regis</u>	<u>terec</u>		
Name of New Registered Agent:		,			
New Registered Office Address:					
	Enter Florida street 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

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
<u> </u>	Gartren Juhason	USU MW 29th Ave	□Add
		Miami FL 33147	⊠Remove
			□Change
mer_	Bri Clark	5231 Nw 30 place	□Add
		miam, FL 33142	CyRemove
			□Change
mge_	Tanequa Con	3177 NW both sheet	tvAdd
·	Miami FL 33142	Remove    Change   Ch	
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Effective date, if other than the If an effective date is listed, the date mu Note: If the date inserted in this bedocument's effective date on the I	ist be specific and car lock does not mee	t the applicable s			ing.) Pursua		
e record specifies a delayed effecti rd is filed.	ve date, but not an	effective time, a	. 12:01 a.m. on the c	earlier of: (b)	The 90th o	day afte	r the
Dated September	//	2020					
	~ ·						

Filing Fee: \$25.00

Notary Public State of Flonda Lloyd E McClinton My Commission GG 271147 Expires 11/08/2022