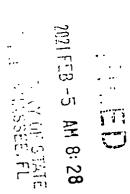
## L20000185233

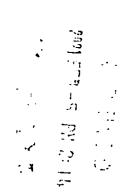
(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	· · · · · · · · · · · · · · · · · · ·
ertified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
		;

Office Use Only



200359360442





FED CS DATE

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 649772 5132370 AUTHORIZATION COST LIMIT 55.00 ORDER DATE: February 5, 2021 ORDER TIME: 12:44 PM ORDER NO. : 649772-005 CUSTOMER NO: 5132370 DOMESTIC AMENDMENT FILING NAME: TWIN ASSET MANAGEMENT, LLC EFFECTIVE DATE: <u>02/05/2021</u> XX \_\_\_ ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX \_\_\_\_ CERTIFIED COPY \_\_\_\_ PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

## **COVER LETTER**

TO:

Registration Section

Div	ision of Cor	porations	•		
SHR IFCT.	Twin Asset Management, LLC				
SUBJECT: Name of Lin			nited Liability Company	<del></del>	
The enclosed	l Articles of	Amendment and fee(s) are sul	omitted for filing.		
		indence concerning this matter	-		
		SARAH S. DUMAS			
		-	Name of Person		
		MORRIS LAW GROUP			
			Firm/Company		
		7284 W. PALMETTO PA	RK ROAD, SUITE 101		
			Address		
		BOCA RATON, FL 3343	3		
			City/State and Zip Code	<del></del>	
		ECOMPLIANCE@LAW-			
For further in	formation co	e-mail address: (	to be used for future annual report not all:	ification)	
SARAH S. I			561 750-3850		
	Name of	Person	at () Area Code Daytim	e Telephone Number	
Enclosed is a	check for th	e following amount:			
□ \$25.00 F	iling Fee	S30.00 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)	
Reg	ling Address istration S		Street Address: Registration Sec		
	Box 6327		Division of Cor The Centre of T		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Twin Asset Management, LLC

(Name of the Limited Liability Co	pmoany as it now appears on our recordited Liability Company)	ds.)
The Articles of Organization for this Limited Liability Comp	pany were filed on September 11, 2	020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Vermont Apartments, LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		·
(Principal office address MUST <u>BE A STREET ADDRES</u>	<u> </u>	
		63
Enter new mailing address, if applicable:		1 1 1
(Mailing address MAY BE A POST OFFICE BOX)		
		祭出三〇
		75 72
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>ente</u>	r the name of the new fegistered
Name of New Registered Agent:		
Name Descriptional Office Address.		
New Registered Office Address:	Enter Florida street addr	ess
	. 1	Torida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Registe	gent:	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	plete performance of my duties, of t as provided for in Chapter 605	and I am familiar with and , F.S. Or, if this document is

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>	<u>Address</u>	Type of Action
		<del></del>	□Add
		<del></del>	□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			Change

If amending any	other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
<del></del>	
<del></del>	
<del></del>	
<del></del>	
_	
<del>-</del>	
Effective date, if	other than the date of filing:
	ve date on the Department of State's records.
he record specifies a ord is filed.	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated February 4	2021
	Much In
	Signature of a member of authorized representative of a member
МСНА	AEL S. GROSS, ESQ., AUTHORIZED REPRESENTATIVE
	Typed or printed name of signee

Filing Fee: \$25.00