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SECRETARY OF STATE
TALL ATTORSEF, FL

COVER LETTER

то:	Registration Section Division of Corpo					
SUBJE	CCT: TMN	REALTY Name of Lim	ited Liability Company	 _		
		mendment and fee(s) are sub				
Please	return all correspond	dence concerning this matter	to the following:			
		RICHARD	H. HAUPT Name of Person			
		TWIN	REALTY HOLDIA Firm/Company	ils, LLC		
		874	HILLCREST DR Address			
		Not	City/State and Zip Code	SECRET SECRET	2022 007 28	
			TO VERIZON - NET to be used for future annual report notifi			
For fur	ther information con	cerning this matter, please ca	all:	11(4)		
	RICHARD Name of P	HA UP7 erson	at (941) 356 - Area Code Daytime	- 4355 Tri	AH	
Enclose	ed is a check for the	following amount:				
ID \$2:	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fe Certificate of \$t Certified Copy (additional copy is a	tatus &	
	Mailing Address: Registration Sec	ction	Street Address: Registration Sec	tion		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TIMA

company has been notified in writing of this change.

REMITY

TWIN REALTY HOW	-DINGS, LLC
(Name of the Limited Liability Comp. (A Florida Limited	ony as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $\frac{114702}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	2017 Silver
F	2001 28 AUL/AR
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(Muning dudress MAT BE AT OST OFFICE BOA)	TO 12
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: RICH	ARD H. HAUPT
New Registered Office Address: 874	HILL CREST DR Enter Florida street address
<i>No</i>	PKOMIS Florida 34275 Zin 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

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
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			□Remove
			□Change
			□Remove
			☐ Change
			□Add
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fective date, if other in effective date is listed, the ote: If the date inserted cument's effective date.	in this block does not	meet the applicab	date of filing or mor le statutory filing	(option to than 90 days after five equirements, this of	n al) lling.) Purst date will r	iant to 60 ot be li.	05.0207 (sted as 1
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