## L21000231315

(	Requestor's Name)	
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Sertified Copies Certificates of Status Special Instructions to Filing Officer:		
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2024 SEP -9 AM 10: 21



FLORIDA CAPITAL COURIER SERVICES, INC .2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

PLEASE USE FUNDS FROM THIS ACCO	OUNT: 120210000160: \$25.00
AUTHORIZATION SIGNATURE:	1.71/2
Twin Harbors Property Management LLC	L21000231315
BUSINESS (Name)	Document #.
Walk in	Pick up time
Mail out	Will wait
Photocopy	
Certified Copy	
Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit  Not for Profit Limited Liability Domestication CORP LLLP	X_Amendment Resignation of R.A. Officer/Director Change of Registered Agent Dissociation or Resignation Merger Conversion
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign Filing Limited Partnership
Fictitious Name	Reinstatement
APOSTIL ( )	TrademarkSTATEMENT OF AUTHORITY
·	CWAMINEDIC INITIAL C.

## DUCUSIGII ETIVETUPE ID. ZDMOZEUM-DOPD-49CU-MDDD-EOTTCUOEZBCB COVER LETTER

TO:	Registration Se Division of Cor			
		ARBORS PROPERTY MANA	AGEMENT LLC	
SUBJEC	CI;	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		MARISOL MARTINE	<i>.</i>	
			Name of Person	
		TWIN HARBORS PRO	Name of Person  TWIN HARBORS PROPERTY MANAGEMENT LLC	
			Firm/Company	
		12555 ORANGE DRIVE	SUITE 219	
			Address	
		DAVIE FL 33330		
			City/State and Zip Code	
		twinharborspropertymanag	· <b>-</b>	
			to be used for future annual report no	ouncation)
For furth	aer information c	oncerning this matter, please c	all:	
MARIS	OL MARTINEZ		305 7610698	
	Name o	f Person	at () Area Code Dayi	ime Telephone Number
Enclosed	d is a check for t	he following amount:		
<b>■</b> \$25	.00 Filing Fee	☐ \$30.00 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)
	Mailing Addres Registration 9	Section	Street Address: Registration S	
	Division of C		Division of C	

P.O. Box 6327

Tallahassee, FL 32314

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

## Docusion Envelope ID: 2DA82E9A-56FD-49C0-A535-E811C08E29C9 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Two Hacker Property	Manne ma	at uc	2024 SEP -9	AM 10: 2
(Name of the Limited Liability Compan	y as it now appea ability ( company)	rs on our records.)	_Strong y	juli i jar
			IALLAHASSE	E FLORID
The Articles of Organization for this Limited Liability Company v	vere filed on _	5-18-202	and assi	gned
Florida document number 1, 31000 33(315				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	ity company h	ere:		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the	tesignation "LLC" 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:		<del></del>		
(Mailing address MAY BE A POST OFFICE BOX)			<del> </del>	of CIMIE. FLORID, igned  LC.*  LC.*  Ly with the h and ment is
B. If amending the registered agent and/or registered office ad	dress on our i	ecords, enter the	name of the new	registered
agent and/or the new registered office address here:				1-
Name of New Registered Agent:				
Name Danisana d (1985an Addissa)				
New Registered Office Address:	Enter Flo	euki street address		<del> </del>
		. Florid	э	
	Cay	Florid	119 Code	
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of ovided for in (	(my duties, and I Chapter 605, F.S.	am familiar with Or, if this docum	and nent is

If Changing Registered Agent, Signature of New Registered Agent

in amending Authorized rerson(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	ARTURO AGUILERA	12555 ORANGE DRIVE SUITE 219	□Add
		DAVIE FL 33330	■Remove
			□Change
			□Add
			□Remove
			□ Change
	<u></u>		
			□Remove
			□Change
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				<i>P</i>	
Effective date, if other than the date from effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	c does not meet the app	ior to date of filing or licable statutory fil	(opti more than 90 days afte ing requirements, the	ional) r filing.) Pursuant to is date will not be	605.0207 listed as
record specifies a delayed effective of is filed.	ate, but not an effective	e time, at 12:01 a.m	n, on the earlier of: (l	b) The 90th day a	ifter the
	2024				
Dated SEPTEMBER 06					
Dated SEPTEMBER 06  Adrison Martinez	gnature of a member or at				