

L21000231315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

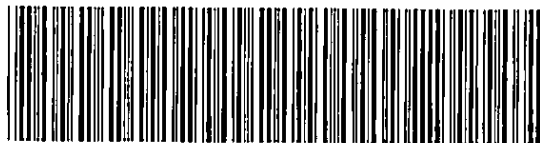
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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J. DENNIS  
NOV 15 2024

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2024 NOV 15 AM 10:48

SECRETARY OF STATE  
MAIL ROOM EITB 0000

RECEIVED

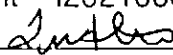
2024 NOV 15 AM 10:49

SECRETARY OF STATE  
MAIL ROOM EITB 0000



FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-54372  
(850) 524-6243

Please use funds from the account I20210000160: \$ 25.00

Authorization Signature: 

**Twin Harbors Property Management . L21000231315**

Business Name #Document

     Walk in

     Will wait

     Certified Copies of the Articles of Incorporation

     Certificate of Status

**NEW FILINGS**

     Profit

     Not for Profit

     LLC

     Domestication

     INC

     CORP

     OTHER

**AMENDMENTS**

  X   Amendment

     Resignation of R.A.

     Change of Registered Agent

     Dissolution/Withdrawal

     Conversion

     Statement of FACT

     Merger

**OTHER FILINGS**

     Annual Report

     Fictitious Name

     Statement of Authority

     APOSTIL                       
                    COUNTRY

**REGISTRATION/QUALIFICATIONS**

     Foreign Filing

     Partnership

     Reinstatement

     CORRECTION for a Foreign LLC

     Domestication of a Foreign Corp.

                          Other

EXAMINER'S INITIALS:

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TWIN HARBORS PROPERTY MANAGEMENT LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ARTURO AGUILERA

Name of Person

TWIN HARBORS PROPERTY MANAGEMENT LLC

Firm/Company

3020 SW 187TH TERR

Address

MIRAMAR FL. 33029

City/State and Zip Code

Info@amazonasservices.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ARTURO AGUILERA

407  
at ( )

508-2706

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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 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**

TWIN HARBORS PROPERTY MANAGEMENT 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 05/18/2021 and assigned  
Florida document number 1,21000231315.

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 abbreviation "CO."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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 name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: ARTURO AGUILERA

New Registered Office Address: 3020 SW 187TH TERR  
Enter Florida street address

MIRAMAR, Florida 33029  
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. 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>	<u>Address</u>	<u>Type of Action</u>
MGR	MARISOL MARTINEZ	3020 SW 187TH TERR	<input type="checkbox"/> Add
		MIRAMAR FL 33029	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ARTURO AGUILERA	3020 SW 187TH TERR	<input checked="" type="checkbox"/> Add
		MIRAMAR FL 33029	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective 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 605.02107 (3)(b)

If the record 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 record is filed.

Signature of a member or authorized representative of a member: \_\_\_\_\_

Typed or printed name of signee

**Filing Fee: \$25.00**