Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000278285 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Address:		
	Address:	Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TIW DATURA INVESTMENTS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

3

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TIW DATURA INVESTMENTS LLC				
(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	ny as it now appears on our records.) Cability Company)			
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 01/31/2022	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 Liabil	lity Company," the designation "ELC" or the	abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	2439 Treasure Isle Dr. Apt. 6			
(Principal office address MUST BE A STREET ADDRESS)	West Palm Beach, FL 33410			
Enter new mailing address, if applicable:	2439 Treasure Isle Dr. Apt. 6			
(Mailing address MAY BE A POST OFFICE BOX)	West Palm Beach, FL 33410			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, enter the na Enter Florida street address , Florida	APPROVED AMD FILED SECRETAGO OF STALLALASSIE, FLO		
	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 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>	Name	Address	Type of Action
MGR	PAUL MAXIME MILLER DUCHARME	2439 Treasure Isle Dr. Apt. 6	
		West Palm Beach, FL 33410	□ Remove
			■ Change
			□Add
			Remove
			Change
			□Add
			Remove
			🗆 Change
			□Add
			Remove
			Change
			DAdd
			Remove
		***************************************	Change
			□Add
			Remove
			□Change

If amending any other inform	_				
			·		_
***************************************					_
		······································			
			<u> </u>	-	_
					_
	_				
					
			*		
				.,-	
					
	· · · · · · · · · · · · · · · · · · ·			. <u></u> .	_
	<u></u>				_
	 		· 		_
				——————————————————————————————————————	
Effective date, if other than the (If an effective date is listed, the date me Note: If the date inserted in this bedocument's effective date on the I	lock does not meet the	applicable statutor	ng or more than 90 days y filing requirements	optional) after filing.) Pursuant to 6 ; this date will not be l	05.0207 isted as
ne record specifies a delayed effecti ord is filed.	ve date, but not an effe	ctive time, at 12:01	a.m. on the earlier of	of: (b) The 90th day a	fter the
Dated August 17	2022	<u>?</u> .			
/s/ Joseph Panhol	zer				
	Signature of a member	or authorized represe	ntative of a member		

Filing Fee: \$25.00