K22000164976

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U5/16/22--U1/14--U16 **25.16



COVER LETTER

O: Registration So Division of Co			
TWO SIST	ERS PLUS MISTER RE LLC		
		ited Liability Company	
	•		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	SAIMA BAIG		
		Name of Person	
		Firm/Company	
	20557 KEIRA CT		
		Address	
	STERLING, VA 20165		
	SZBAIG@GMAIL.CÓM	City/State and Zip Code	
	E-mail address: (to be used for future annual report no	nification)
or further information of	oncerning this matter, please c	all:	
SAIMA BAIG		703 589-4950 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he 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)
		(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

FILED

I WO SISTERS PLUS MISTER RELIX		ZUZZ MAT I	b Am
(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 APRIL 6, 2022 Florida document number L22000164976	and assigned	SECRETA!	
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	he 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:		_	
(Moiling address MAY BE A POST OFFICE BOX)		_	
· · · · · · · · · · · · · · · · · · ·		_	
B. If amending the registered agent and/or registered office address on our records, <u>enter the range and/or the new registered office address here:</u>	name of the new regi	<u>stered</u>	
Name of New Registered Agent:			
New Registered Office Address:			
Enter Florida street address		_	
, Florids	1		
Cuy	Zφ 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 provisions of all statutes relative to the proper and complete performance of my duties, and I accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. being filed to merely reflect a change in the registered office address. I hereby confirm that the company has been notified in writing of this change.	am familiar with and Or, if this document	•	

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>	Name	Address	Type of Action
MGR	SAIMA BAIG	20557 KEIRA CT, STERLING, VA 20165	BAdd
			🗆 Remove
			□Change
			DAdd
			□Remove
			□Change
			🗆 Add
	 		Remove
			Change
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fective date, if other than to in effective date is listed, the date in ter. If the date inserted in this cument's effective date on the	nust be specific and co block does not me	annot be prior to da et the applicable	ste of filing or more the statutory filing requ	optional) n 90 days after filing.) prements, this date	Pursuant to 605.0207 will not be listed as t
ecord specifies a delayed effectis filed.	tive date, but not a	n effective time,	at 12:01 a.m. on the	earlier of: (b) The	90th day after the
may 10		2022	\circ		
	Signaptire of April	ember or authorize	representative of a n	iember	
	1/	/ /			

Filing Fee: \$25.00