

L22000243618

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

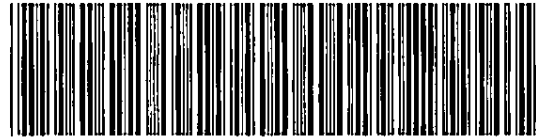
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800390853628

S. CHATHAM  
DEC 14 2022

07/15/22--01014--025 \*\*25.00

FILED  
CLERK OF STATE  
CORPORATIONS  
22 OCT 31 PM 6:37



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 10, 2022

CAMMIE WARBURTON  
2248 MERIDIAN BLVD., SUITE H  
MINDEN, NV 89423 US

SUBJECT: TWIN TIKI LLC  
Ref. Number: L22000243618

We have received your document for TWIN TIKI LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Foreign Limited Liability Company, but your entity is a Florida Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Summer Chatham  
Regulatory Specialist II

Letter Number: 122A00022545

*See attached*

**RECEIVED**

OCT 31 2022

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Twin Tiki 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:

Cammie Warburton

\_\_\_\_\_  
Name of Person

Corporate Direct, Inc.

\_\_\_\_\_  
Firm/Company

2248 Meridian Blvd., Suite H

\_\_\_\_\_  
Address

Minden, NV 89423

\_\_\_\_\_  
City/State and Zip Code

cwarburton@corporatedirect.com

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

For further information concerning this matter, please call:

Cammie Warburton

\_\_\_\_\_  
Name of Person

at ( 800 ) 600-1760

\_\_\_\_\_  
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 Tiki 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 05/25/2022 and assigned Florida document number L22000243618.

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 "L.L.C."

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:

New Registered Office Address:

*Enter Florida street address*

*City*

*Florida*

*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 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	Joshua C. Hudgins	PO Box 2869	<input type="checkbox"/> Add
		Jackson, WY 83001	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Towhead Investments LLC	PO Box 2869	<input checked="" type="checkbox"/> Add
		Jackson, WY 83001	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

STATION  
EXPLORATION  
- OCT 31 PM 6:47

2 OCT 31 PM 6:37

(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 605.0207 (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.

Dated July 5, 2022

Signature

Signature of a member or authorized representative of a member

Joshua C. Hudgins

Typed or printed name of signee