h22000291262

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
OCT 0 4 2022
A. LUNT

Office Use Only



800390271828

07/10.22 01017 -004 **25.90



COVER LETTER

•

TO:

Registration Section

Division of C	orporations		
Double A	. Twins LLC		
30B3EC1.	Name of Limi	ted Liability Company	
The englaced Articles (of Amendment and fee(s) are subt	mitted for filing	
Please return all corres	pondence concerning this matter	to the following:	
	Whitney W Adams		
		Name of Person	
	Double A Twins LLC		
		Firm/Company	
	35211 White Water Lily W	'ay	
		Address	
	Zephyrhills, FL 33541		
		City/State and Zip Code	
	DoubleATwinsLLC@gmail		
	E-mail address: ()	to be used for future annual report noti	fication)
For further information	n concerning this matter, please ca	all;	
Whitney W Adams		727 314-3763 at ()	
Nam	e of Person	Area Code Daytin	e Telephone Number
Enclosed is a check fo	r 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)
P.O. Box 6	n Section f Corporations	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, Fl	rporations Fallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Double A Twins 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 Liab	oility Company were	filed on June 28, 2022	and assigned
Florida document number L22000291262			
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of the	he limited liability o	ompany here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Co	mpany," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	nle:		
(Principal office address MUST BE A STREET.	ADDRESS)		_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or regagent and/or the new registered office address	uistered office addre		iter the name of the new registered
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street aa	ldress
			, Florida
		City	Zip Code
New Registered Agent's Signature, if changing Re-			
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the re- company has been notified in writing of this ch	and complete perf ered agent as provi gistered office addi	ormance of my duties ded for in Chapter 6	s, and I am familiar with and 05, F.S. Or, if this document is

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>	Type of Action
MGR	David Adams	35211 White Water Lily Way, Zephyrhills, FL 33541	□Add
		 	≡ Remove
			□Change
MGR	Whitney W Adams	35211 White Water Lily Way, Zephyrhills, FL 33541	= Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			[]Change
			🗆 Add
			□Remove

	-
	2022
	2022 JUL
	<u>5</u>
	AN II: 27
dective date, if other than the date of filing:	nal) filing.) Pursuant to 605.020 date will not be listed a
reord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) is filed.	The 90th day after th
July I 2022	

• . •

Filing Fee: \$25.00