

L22000303606

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

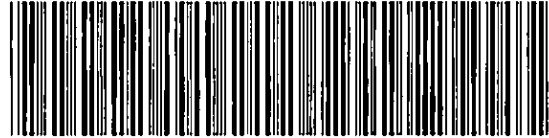
(Document Number)

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000396063710

LLC Amend

10/18/22 --01:00Z --031 \*\*60.11

2022 OCT 18 AM 11:33

FILED

2022 OCT 18 AM 11:33

A. RAMSEY  
OCT 18 2022

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TW Prime Auto 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:

Tywonnia Williams  
Name of Person

TW Prime Auto LLC  
Firm/Company

7222 Lem Turner Cir  
Address

Jacksonville, FL 32208  
City/State and Zip Code

contact@twprimeauto.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tywonnia Williams at (904) 758-9800  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

2022 OCT 18 AM 11:33

TW Prime Auto 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 07.07.2022 and assigned  
Florida document number L22 000303606

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A -

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)

N/A -

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A -

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:

N/A

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.*

N/A

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>
AR	Tywanita Williams	7222 Lem Turner Cir	<input type="checkbox"/> Add
		Jacksonville, FL 32208	<input type="checkbox"/> Remove
		N/A	<input checked="" type="checkbox"/> Change
Pres	Tywanita Williams	7222 Lem Turner Cir	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32208	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	Anthony Thomas	7222 Lem Turner Cir	<input type="checkbox"/> Add
		Jacksonville, FL 32208	<input checked="" type="checkbox"/> Remove
		N/A	<input type="checkbox"/> Change
N/A	N/A	N/A	<input type="checkbox"/> Add
		N/A	<input type="checkbox"/> Remove
		N/A	<input type="checkbox"/> Change
N/A	N/A	N/A	<input type="checkbox"/> Add
		N/A	<input type="checkbox"/> Remove
		N/A	<input type="checkbox"/> Change
N/A	N/A	N/A	<input type="checkbox"/> Add
		N/A	<input type="checkbox"/> Remove
		N/A	<input type="checkbox"/> Change

