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## **COVER LETTER**

	Registration Se Division of Cor				
eun irz		K TWAIN LLC			
SUBJEC	CI:	Name of Lim	ited Liability Company		
The encl	losed Articles of	Amendment and fee(s) are sub	omitted for tiling.		
Please re	eturn all correspo	indence concerning this matter	to the following:		
		HENRY A HOYOS			
			Name of Person	- · · · · · · · · · · · · · · · · · · ·	•
		17 MARK TWAIN LLC			
			Firm/Company		•
		922 SW 178 WAY			
			Address		
		PEMBROKE PINES FL 3	3029		
			City/State and Zip Code	<del></del> :	•••
		JUANCAMILO3@HOTM			923
		E-mail address: (	to be used for future annua	I report notification)	22 DEC 22
For furth	her information c	oncerning this matter, please c	all:		22
MELISS	SA VILLEGAS		786 at ( )	731-3283	A AI
	Name o	f Person	Area Code	Daytime Telephone Number	MI 8: 53
Enclosed	d is a check for th	ne following amount:			
<b>\$</b> \$25.	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy tadditional copy is en	Certifica Certified	te of Status &
	Mailing Addres		Street A		
	Registration S Division of C			ration Section on of Corporations	
	P.O. Box 632			entre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

17 MARK TWAIN LLC		
(Name of the Lim	ited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited	Liability Company were filed on H/	07/2022 and assigned
lorida document number 322000477033		
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company her	<u>e</u> :
he new name must be distinguishable and contain the	words "Limited Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	<u> </u>	
		- 'N
3. If amending the registered agent and/or		ords, enter the nam (1) 171 e 2 reg
gent and/or the new registered office addr	<u>ess here</u> :	Ho a m
		53
Name of New Registered Agent:	MELISSA VILLEGAS	· · ·
New Registered Office Address:	7519 NW 102ND CT	
	Enter Floria	a street address
	DORAL	, Florida
		,

## 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.

Cuv

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>	Address	Type of Action
AMBR	HENRY A HOYOS	922 SW 178 WAY	
		PEMBROKE PINES FLORIDA 33029	Remove
			□Change
			□Add
			□Remove
			□Change S 2023
			TALL STATE FL
			STATE DAG
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effective date is listed te: If the date inser	d, the date must be specific a	and cannot be proof the app	licable statutory	g or more than 90 filing requirem	days after fili	ne.) Pursua	ant to 605. ot be liste	.0207 ed as
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e record specifies a del ed is filed.	ayed effective date, but r	ot an effective	e time, at 12:017	a.m. on the earl	ier of: (b)	The 90th	day after	the
Datad	OCTOBER 19	2023	-1:00					
Dated			1 201 / 17 (	U Z I				
Dated		7	1/6					

Filing Fee: \$25.00