L22000521831

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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Co	rporations		
TWILL	LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Jeremy Bottau		
		Name of Person	
	Twill LLLC		
		Firm/Company	
	3789 NW 46TH ST		
		Address	
	MIAMI, FL 33142		
		City/State and Zip Code	2
	TASBEEH@BOTTAUINV		
For further information (E-mail address: (concerning this matter, please c	to be used for future annual report notification)	134 (A
	this matter, preuse e		· , &
JEREMY BOTTAU		305 889-5355 at ()	
Name o	of Person	Area Code Daytime Telephone	Number 35 35
Enclosed is a check for t	he following amount:		
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	60.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
Mailing Addre Registration Division of C P.O. Box 632	Section Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahasse	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TWILL LIE		
(Name of the Limited Liabilit (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 12/13/2022	and assigned
Florida document number 1.22000521831		
This amendment is submitted to amend the following:		
. If amending name, <u>enter the new name of the limi</u>	ted liability company here:	
TWILL FITTINGS LLC		
he new name must be distinguishable and contain the words "Limi	ted Liability Company." the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	ESS)	
		·····
		2024
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		, C
	-	
3. If amending the registered agent and/or registered	office address on our records, enter the	name of the new register
gent and/or the new registered office address here:		, !!! Q
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flori	
	City	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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person, being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		····	□Remove
			☐ Change
			□ Add
			□Remove
			Change
			□Add
			□Remove
		□Change	
			□Add
			□Remove
			□Change

). Ham	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	
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-	<u> </u>
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-	
tli an ef <u>Note:</u>	ive date, if other than the date of filing:
the recorcection	ed 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 led.
Dated	02/14/2024
	Signature of a member of authorized representative of a member
	JEREMY BOTTAU
	Typed or printed name of signee