

L23000088613

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

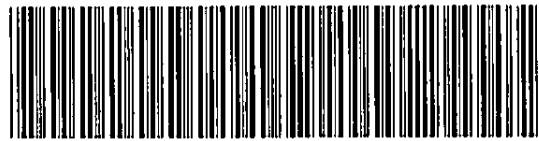
(Business Entity Name)

(Document Number)

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2023 MAR 24 AM 10:21
CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Twils Painting

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:

Todd Terwilliger

Name of Person

Twils Painting

Firm/Company

4153 SW Rosser Blvd

Address

Port St Lucie FL 34953

City/State and Zip Code

therealtwils@gmail.com

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

For further information concerning this matter, please call:

Todd Terwilliger

Name of Person

at (954) 740-0280

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)

Dept of State

~~Mailing Address:~~

~~Registration Section~~

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Amendment
SECTION

Street Address:

Registration Section

Division of Corporations

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

STATE OF FLORIDA
DEPT. OF STATE
TALLAHASSEE, FL

2023 MAR 24 AM 10:21

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Twils Painting

(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 2-17-2023 and assigned Florida document number L23000088613.

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)

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CLERK OF DISTRICT COURT
STATE OF FLORIDA

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

_____, Florida _____
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 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.	Todd Terwilliger	4153 SW Rosser Blvd Port St Lucie FL 34953	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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PORT ST LUCIE, FL

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

I only need to add Todd Terwilliger
to Authorized Persons/Detail

Thank you!

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

2-27-2023



Signature of a member or authorized representative of a member

Todd Terwilliger

Typed or printed name of signer

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SECRETARY OF STATE
TALLAHASSEE, FL

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