12300154517

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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07/22/24--01016--023 **35.00



COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: UIA	INIES BEACH B	ox LLC	
	Name of Line	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Micour Hou	Name of Person	
	TWINDIES BO	Firm/Company	
	2619 FAIR	EMONT AVE	
		Address	
	NEW Sny	RNA BEACH,]	FL 32168
	BEEFLY Bry E-mail slidress: (1	City/State and Zip Code CTENDING (A GMA) to be used for future annual report notifi	L. (oM
For further information co	neerning this matter, please ca	100 77	58
٦ -			
Name of	e Houster—	at (254) (87) - Area Code Daytime	Telephone Number
· · · · · · · · · · · · · · · · · · ·		,	•
Enclosed is a check for the	: following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 500 Status & Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Servision of Corp.O. Box 6327 Tallahassee, F	ection orporations	Street Address: Registration Sec Division of Corp The Centre of To 2415 N. Monroo Tallahassee, FL	porations allahassee Street, Suite 810

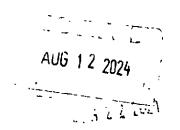


July 29, 2024

NICOLLE HOLLISTER 2619 FAIRMONT AVE NEW SMYRNA BEACH, FL 32168

SUBJECT: TWINNIES BEACH BOX, LLC

Ref. Number: L23000184817



Letter Number: 024A00016748

We have received your document for TWINNIES BEACH BOX. LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Rebekah Lefeavers Regulatory Specialist III

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TWINNIES BEACH BOX	LLC	
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears or iability Company)	n our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L23001848</u> .7	were filed on	4/13/23 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi REE FLY BARTFUDING LLC The new name must be distinguishable and contain the words "Limited Liabili		
Enter new principal offices address, if applicable:		024 A
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2 AH II 34 POP STATE DEE. FLORIDA
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our reco	rds, <u>enter the name of the new registered</u>
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:		to the decision of a major tide the

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>	Name	Address	Type of Action
	TERESA HENVENER	jy/NPALM WAY	🗆 Add
		EDGENATER FL 32132	□Remove
			□Change
			🗆 Add
			□Remove
			□ Change
			□ ∧dd
			□Remove
			□ Change
			□Add
			□Remove
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			🗖 Add
			□Remove
			Change
			🗆 Add
			□Remove
			□ Change

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(If an effective Note: If the	date, if other than the date of filing:	07 (3 as th
ord is filed.		e
Dated	8/19/24 Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member Vicitive	

Filing Fee: \$25.00