## L23000352650

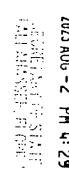
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
61 4/3/23





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## **COVER LETTER**

TO:

Registration Section

Division of Corporations					
CHD IFOT.		INVESTMENT LLC			
SUBJECT: Name of Limited Liability Company					
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		VIVIAN WILLIAMS			
			Name of Person	<del></del>	
		FLORIDA ANNUAL REI	PORT SERVICES INC		
			Firm/Company		
		2300 CORAL WAY, SUI	ГЕ 200		
			Address		
		MIAMI, FLORIDA 33145	5		
			City/State and Zip Code		
		E meil addeser	to be used for future annual report no	(Fostion)	
For further in	formation c	oncerning this matter, please c		meanon	
VIVIAN WI	LLIAMS		305-856-		
	Name o	f Person	at () Area Code Daytin	ne Telephone Number	
Enclosed is a	check for th	ne following amount:			
■ \$25.00 F		\$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)	
	ling Addres		Street Address: Registration So	ection	
Div	ision of C	Corporations	Division of Co	prporations	
	). Box 632 lahassee, l		The Centre of 2415 N. Monro	oe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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TWIN A2A INVESTMENT LLC

2023 AUG -2 PM 4: 30

( <u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records Limited Liability Company)	LECRETARY OF STATE
The Articles of Organization for this Limited Liability Co	ompany were filed on 07/26/2023	ALLAHASSEE, FLORI'
Florida document number L23000352650	_,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
TWINS A2A INVESTMENTS LLC		
The new name must be distinguishable and contain the words "Limit	ed 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 ADDRI	<u> </u>	
	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	,	
		<del></del>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:  Name of New Registered Agent:	office address on our records, enter	
		-
New Registered Office Address:	Enter Florida street address	
	Ωl <sub>α</sub>	suido.
-	City	oridaZip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change.	emplete performance of my duties, an ent as provided for in Chapter 605, i	d I am familiar with and F.S. Or, if this document is
	If Changing Registered Agent Signature o	f 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
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
		<u> </u>	□Change
			□Add
			□Rcmovc
		<u>-</u>	□Change
	<del></del>		□Add
			□Remove
			□Change
			□Add
			Remove
			□ Change

	<del></del>
-	
Effective If an effect <u>Note:</u> If documen	e date, if other than the date of filing:
e record s rd is filed	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
Dated	8/01/2023
	X ( ) A A A A A A A A A A A A A A A A A A
	Signature of amember or authorized representative of a member
	, – –

Filing Fee: \$25.00