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COVER LETTER

Divi	sion of Corp	porations		
EUDIECT.	TWT Tradi	ing Solution LLC		
SUBJECT:		Name of Lim	ited Liability Company	
rk la sad	A mainston or A	An and an ant and Exe(s) are sub-	exitted for filing	
t ne enctosed	Afficies of .	Amendment and fee(s) are sub	inated for faing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Aubrey Birrell		
		197	Name of Person	
		Prime Corporate Services		
			Firm/Company	···
		5250 S Commerce Dr Ste	200	
			Address	
		Murray, UT 84107		
			City/State and Zip Code	
		llcsupport@primecorporate		
		E-mail address: (to be used for future annual report notifi	cation)
For further in	iformation c	oncerning this matter, please ca	all:	
Aubrey Birr	ell		855 577-4639 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling 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)

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TWT Trading Solution LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	y were filed on 5/24/2024	and assigned
Florida document number L24000241349		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
TWT Trading Solutions LLC		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LEC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2
(Principal office address MUST BE A STREET ADDRESS)		124
Timetha office mairess in 031 BE 71 31 NEET : 1BBN 2657		900
		-9
Enter new mailing address, if applicable:		<u>-</u>
		7.9
(Mailing address MAY BE A POST OFFICE BOX)		07
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, <u>ente</u> e <u>re</u> :	r the name of the
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>	Type of Action
AMBR	Timothy S Tolmsoff	2031 Northeast 34th Street	
		Cape Coral FL 33909	Remove
			☐ Change
			Remove
			Change
		•	□ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
			Add
			☐ Remove
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`an eff <u>Vote:</u>	ive date, if other than the date of filing:
e red The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ated	August 1 2024

Typed or printed name of signee

Filing Fee: \$25.00

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