

L25000284820

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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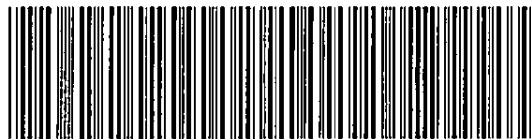
(Business Entity Name)

(Document Number)

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2025 JUL 29 PM 4:25

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15-25

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 9942 Twin Lakes Investment, LLC

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:

Karlenne Longobardi

Name of Person

9942 Lakes Twin Investment, LLC

Firm/Company

PO Box 8584

Address

Coral Springs, FL 33075

City/State and Zip Code

admin@kvmservicesnow.com

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

For further information concerning this matter, please call:

Karlenne Longobardi

561 212-4235
at ()

Name of Person

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)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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	Karlenne A. Longobardi	Correction of midle name	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Karlenne A. Longobardi	Adding roll should be AMBR plus MGR	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		942 Twin Lakes Dr. #7-F, Coral Springs, FL 33071	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

This amendment is for the correction of the member names the correct names is Karlenne A. Longobardi

and adding a roll she will be affecting immediatly Authorize member and manager of the company

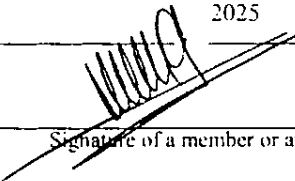
E. Effective date, if other than the date of filing: 07/22/2025 **(optional)**

(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 07 of July 2025



Signature of a member or authorized representative of a member

Victor Longobardi

Typed or printed name of signee

Filing Fee: \$25.00