L25000284820

(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:





300455216293

07/25/25--01013--006 **25.00



COVER LETTER

TO:	Registration Se Division of Cor		er.	
		Lakes Investment, LLC		
SUBJI	ECT:	Name of Lin	nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Karlenne Longoabrdi		
		·	Name of Person	
		9942 Lakes Twin Investm	ent, LLC	
			Firm/Company	
		PO Box 8584		
			Address	
		Coral Springs, FL 33075		
			City/State and Zip Code	
		admin@kvmservicesnow.co	om to be used for future annual report notif	Y
г. с.	an that at		·	ication)
ror fur	ther information co	oncerning this matter, please c	aii:	
Karlen	ne Longobardi		561 212-4235	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclos	ed is a check for th	e following amount:		
□ \$ 2	5.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

9942 Twin Lakes Investment, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 06/18/2025	and assigned
forida document number 1.25000284820		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "I.I.C" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRESS)		
		
Inter new mailing address, if applicable:		P
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	da

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 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
MGR	Karlenne A. Longobardi	Correction of midle name	□Add
AMBR	Karlenne A. Longobardi	Adding roll should be AMBR plus MGR	= Add
			□Remove
		942 Twin Lakes Dr. #7-F, Coral Springs, FL 33071	= Change
			□Add
			□Remove
			Clange
			OAdd
			□Remove
			□Change
			□Add
			□Remove
			[]Change
			□Add
			∏Remove
			□Change

crive date, if other than the date of filing: O7(22/2025 (optional) 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 10(5,020) g: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ament's effective date on the Department of State's records. For a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed. Of of July 2025 Septime of a member or authorized representative of a member	ar	d adding a roll she will be affecting inmediatly Authorize member and manager of the company
ctive date, if other than the date of filing:		
ctive date, if other than the date of filing:		
ctive date, if other than the date of filing:		
ctive date, if other than the date of filing:		
ctive date, if other than the date of filing:	_	
ctive date, if other than the date of filing:	_	
ctive date, if other than the date of filing:	_	
ctive date, if other than the date of filing:	_	
ctive date, if other than the date of filing:	_	
ctive date, if other than the date of filing:		
ctive date, if other than the date of filing:		
ctive date, if other than the date of filing:		
ctive date, if other than the date of filing:	_	
ctive date, if other than the date of filing:	_	
ctive date, if other than the date of filing:	_	
ctive date, if other than the date of filing:		
ed 07 of July 2025	an effe l <mark>ote:</mark> I	te date, if other than the date of filing:
Signature of a member or authorized representative of a member	oted _	7 of July 2025
		Signature of a member or authorized representative of a member
Victor Longobardi		

Filing Fee: \$25.00