

MIS 000006925

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

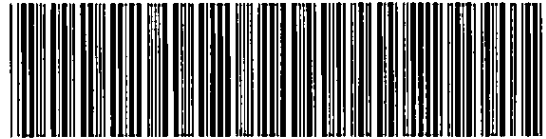
(Document Number)

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U.S. DEPT. OF JUSTICE



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May 14, 2021

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Twin Valley Capital, LLC/Business Advice
Our File No.: 16174-0218e

Dear Sir or Madam:

Please find enclosed an Amendment to update the principal address, mailing address, and registered agent's address for the following company:

1. Amendment to Articles of Organization – Twin Valley Capital, LLC

I have enclosed a check in the amount of \$25.00 to cover the filing fees and a Certificate of Good Standing from the Missouri Secretary of State. If you have any questions or need any further information, please do not hesitate to contact me.

Sincerely,

DANNA MCKITRICK, P.C.

DIANA M. DELECARIS
Legal Administrative Assistant

Enclosures

2021 MAY 14 11:24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Twin Valley Capital, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Daniel Thal

Name of Person

Twin Valley Capital, LLC

Firm/Company

2028 Beach Avenue

Address

Atlantic Beach, FL 32233

City/State and Zip Code

daniel@twinvalleycapital.com

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

For further information concerning this matter, please call:

Daniel Thal

at (636) 236-8198

Name of Person

Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

2021 MAY 17 AM 11:24

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Twin Valley Capital, LLC

Enter new principal office address, if applicable: 2028 Beach Avenue

(Principal office address
MUST BE A STREET ADDRESS) Atlantic Beach, FL 32233

Enter new mailing address, if applicable: 2028 Beach Avenue

(Mailing address
MAY BE A POST OFFICE BOX) Atlantic Beach, FL 32233

2. The Florida document number of this limited liability company is: M18000006928

3. Jurisdiction of its organization: Missouri

4. Date authorized to do business in Florida: 07/23/2018

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: 2028 Beach Avenue

Enter Florida Street Address

Atlantic Beach

Florida 32233

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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required; no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Signature of the authorized representative

Daniel Thal

Typed or printed name of signee

Filing Fee: \$25.00