

LO9000070151

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

DEC 22 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Twisted Bliss, 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:

Teal Bowser

Name of Person

Twisted Bliss, LLC

Firm/Company

922 Camellia Ave

Address

Winter Park, FL 32789

City/State and Zip Code

Teal @ TealsTwistedBliss.com

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

For further information concerning this matter, please call:

Teal Bowser

Name of Person

at 407 718-6477

Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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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/COURIER ADDRESS:

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Twisted Bliss, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 7/21/2009

Florida document number L09000070151

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited 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 ADDRESS)

1807 N. Orange Ave

Orlando, FL 32804

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

922 Camellia Ave

Winter Park, FL 32789

B. If amending the registered agent and/or registered office 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:

Teal Bowser

New Registered Office Address:

922 Camellia Ave

Enter Florida street address

Winter Park

Florida

32789

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 608, 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.

Teal Bowser
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Guy D. Griffin	1524 Poe Avenue Orlando, FL 32806	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Darcie T. Griffin	1524 Poe Avenue Orlando, FL 32806	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Nicholas J. Cavato	1710 Gurtler Ct., Apt. 3 Orlando, FL 32804	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Teal Chamberlain Bowser	1710 Gurtler Ct., Apt. 3 Orlando, FL 32804	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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CLERK OF STATE
TALLAHASSEE, FLORIDA

Dated

12/15/11

Signature of a member or authorized representative of a member

Teal Bowser
Typed or printed name of signee