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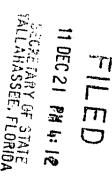
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
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D. BRUCE

DEC 22 2011

EXAMINER

COVER LETTER

TO:	Registration Secondary					
SUBJE	СТ:	Twiste	d Bliss, LLC			
		Name of Limit	ed Liability Company			
The enc	losed Articles of A	Amendment and fee(s) are sub-	nitted for filing.			
Please r	eturn all correspon	ndence concerning this matter	to the following:			
		Tea	1 Bowser			
			Name of Person			
		IV	<u> </u>	· .		
	٠	(A) h	Firm/Company	0		
,		420	Camellia C	We		
		uls.	Address	22-00		
		: WIM	City/State and Zip Code	187 30 18	; =	
		Teal	@ Teals Twisted?	Bliss. COME	DEC 21	
		·	be used for future annual report notifica	ation)	2	
For furth -		ncerning this matter, please ca	11:	الله الم	2 32	
	leal F	Sowser	a1407, 718-l	e477 §	S TA	U
	Name of	Person	Area Code & Daytime	Telephone Number	₩ 1.9	
		×				
Enclosed	l is a check for the	following amount:				
\$25.0	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		

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

Twi	sted Bliss, LL	C			
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it nov Limited Liability Co	w appears or mpany)	1 our records.)	至然 二	
The Articles of Organization for this Limited Liability (Company were filed	on	7/21/2009	Eand assi	gned—
Florida document number L09000070151		******		ASS ASS	3
This amendment is submitted to amend the following:	·			Y OF STAT	
A. If amending name, enter the new name of the lim	ited liability comp	any here:		Drin A	10
The new name must be distinguishable and end with the wo "L.L.C."					bbreviation
Enter new principal offices address, if applicable:	<u> 181</u>)7 N.	orange	ave	
(Principal office address MUST BE A STREET ADDI		riano	10, FI 3	2804	
Enter new mailing address, if applicable:		122	Came	Ilia a	12_
(Mailing address MAY BE A POST OFFICE BOX)		Win	ter Par	L,FZ 3.	2780
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		ess on our	records, <u>enter</u>	the name of	the new
Name of New Registered Agent:	TealF	30WSE	er		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	9221	Came	ellia	ive	
<u> </u>	linter Pa	Enier I	Florida street ad , Florida _	ddress 3278 Zip Code	<u> 59.</u>

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.

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 Title Type of Action Name **Address** MGRM Guy D. Griffin 1524 Poe Avenue Remove Orlando, FL 32806 MGRM Darcie T. Griffin ☐ Add 1524 Poe Avenue ✓ Remove Orlando, FL 32806 **MGRM** Remove MGRM Teal Chamberlain Bowser 1710 Gurtler Ct., Apt. 3 🗸 Add Orlando, FL 32804 Remove □Add Remove \square Add D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00