

11/10/2010 12:52

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COX AND NICI

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Division of Corporations

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L09000084483

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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TWORKZ.COM, LLC

Certificate of Status	1
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A. LUNT
NOV 12 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TWORKZ.COM, 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:

LINDA S. VAUGHAN
Name of Person
COX & NICI
Firm/Company
1185 IMOKALEE ROAD
Address
NAPLES, FL 34110
City/State and Zip Code
lvauhan@coxnici.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

LINDA VAUGHAN at (239) 254-0706
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

TWORKZ.COM, LLC

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

The Articles of Organization for this Limited Liability Company were filed on SEPTEMBER 1, 2009 and assigned
Florida document number L09000084483

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)

JOE B. COX
1185 IMMOKALEE RD., STE. 110
NAPLES, FL 34110

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

JOE B. COX
1185 IMMOKALEE RD., STE. 110
NAPLES, FL 34110

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:

JOE B. COX

New Registered Office Address:

1185 IMMOKALEE RD., STE. 110

Enter Florida street address

NAPLES

City

Florida

34110

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.

Joe B. Cox
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	Name	Address	Type of Action
MGR	BSG GIFTING TRUST F/B/O S. CHARLES BENNETT	1276 VIA PORTOFINO NAPLES, FL 34108	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	JOE B. COX	1185 IMMOKALEE RD. SUITE 110 NAPLES, FL 34110	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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STATE

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

Dated _____

Signature of a member or authorized representative of a member

"TAUOTEE" J. Charles BENNETT JR

Typed or printed name of signer