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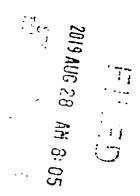
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only total or Elph Horizon)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

Division of Corpor	ations	-	-
SUBJECT: TWIS	sted Artz L	LC_	· · · · · · · · · · · · · · · · · · ·
	Name of Limi	ted Liability Company	
The enclosed Articles of Am	endment and fee(s) are subr	mitted for filing.	
Please return all corresponde	nce concerning this matter t	to the following:	
		•	
	Johnathi	on Terber	
		Name of Person	
	Twisted	Artz LLC	
		Firm/Company	
	1341 Sco	Hisland Dr	
		Address	
	Lakelan	d, FL 336	313
		City/State and Zip Code	
_	E-mail address: (1	City/State and Zip Code Aon C + Wisted Code o be used for future annual report notifica	wtz.com
For further information conce	J		
)			2.7.1
Johnathen	Gerber	at (863) 595 - 3	
Name of Per	son	Area Code Daytime 10	elephone Number
Enclosed is a check for the fo	llowing amount:		
□ \$25.00 Filing Fee 8	\$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)

TO:

Registration Section

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 Artz	- LLC	
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our records.) lability Company)	
The Articles of Organization for this Limited Liability Company of Florida document number <u>L10000108025</u> .		O and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	1341 Scottsland D	<u></u>
(Principal office address MUST BE A STREET ADDRESS)	Lakeland FL 33	813
	12111 5 111 1 5	
Enter new mailing address, if applicable:	1341 Scottsland I	<u>) (</u>
(Mailing address MAY BE A POST OFFICE BOX)	Lakeland, FL 338	313
		·
B. If amending the registered agent and/or registered off		the name of the n
registered agent and/or the new registered office address here	:	
Name of New Registered Agent:	Se.	2019
		6
New Registered Office Address:	Enter Florida street address	8
	. Florida	3 14
	City:	Zip P ode
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p		

If Changing Registered Agent, Signature of New Registered Agent

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 a or removed from our records:

MGR = Manager AMBR = Authorized Member

Title AMBR	Name	Address 334 Oak Leaf Circle	Type of Action
MGR JOH	Ginger Stegmayer	Address 334 Oak Leaf Circle Lake Mary, FL 32746	🗹 Add
			Remove
			Change
			
			Remove
			Change
			D Add
			Remove
			Change
			Add
			Remove
			Change
			🗆 Add
			□ Remove
			☐ Change
			□ Add
			Remove
			Change

	I'm not sore how to list this but Ginger
•	Stegmayer is becoming a 10% owner of
	Stegnager is becoming a 10% owner of Twisted Artz UC.
	[WISTED 1112 CC)
2 FF oo	tive data if ather they the date of Clina.
f an el Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	August 23rd 2019
	Signature of a member or authorized representative of a member
	Johnathon Gerber

Page 3 of 3

Filing Fee: \$25.00