

L10000118607

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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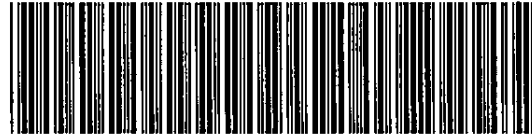
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 APR 26 AM 7:46

APR 30 2013
T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COLLEGE TWIST
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:

JUDY DALEEN

Name of Person

COLLEGE TWIST

Firm/Company

2220 E. Silver Palm Rd.

Address

BOCA RATON, FL 33432

City/State and Zip Code

judydaleen@charter.net

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

For further information concerning this matter, please call:

Judy Daleen

Name of Person

at (561) 212-9314

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**

COLLEGE TWIST, 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 11/15/10 assigned
Florida document number L10000118607

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This amendment is submitted to amend the following:

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

APPSUITE, LLC

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)

2255 GLADES ROAD

SUITE 324-A

BOCA RATON, FL 33431

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2220 E. SILVER PALM RD.

BOCA RATON, FL 33432

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:

JUDITH DALEEN

New Registered Office Address:

2220 E. SILVER PALM RD.

Enter Florida street address

BOCA RATON

City

Florida

33432

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.


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>
<u>MGRM</u>	<u>JAMES DALEEN</u>	<u>2220 E. SILVER PALM RD</u>	<input checked="" type="checkbox"/> Add
		<u>BOCA RATON, FL 33432</u>	<input type="checkbox"/> Remove
<u>MGRM</u>	<u>JUDITH DALEEN</u>	<u>2220 E. SILVER PALM RD.</u>	<input checked="" type="checkbox"/> Add
		<u>BOCA RATON, FL 33432</u>	<input type="checkbox"/> Remove
<u>MGRM</u>	<u>PATRICK DALEEN</u>	<u>SAME AS ABOVE</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
<u>MGRM</u>	<u>BRANDON FORSCHINO</u>	<u>SAME AS ABOVE</u>	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
<u>MGRM</u>	<u>GINTARAS RACIUNAS</u>	<u>228 NW 2ND AVE</u>	<input checked="" type="checkbox"/> Add
		<u>DELRAY BEACH, FL 33444</u>	<input type="checkbox"/> Remove

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

APPSVITE, LLC IS A WHOLLY OWNED SUBSIDIARY OF COLLEGE TWIST, LLC.
WE NO LONGER WISH TO OPERATE AS TWO SEPERATE COMPANIES
THEREFORE WE WOULD LIKE TO DISSOLVE APPSVITE AND CHANGE
THE NAME OF COLLEGE TWIST TO APPSVITE

Dated April 23, 2013


Signature of a member or authorized representative of a member

JUDITH DALEEN

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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