# L12000122816

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2013 AUG 29 AM IO: 35
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TALL AHASSEE, FLORIDA

B. BOSTICK AUG 3 0 2013 EXAMINER

# **COVER LETTER**

Division of Corporations
SUBJECT: TWUKLE TOES WANNY HOWING TOMPON  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:
Kristy Bick Milyely Name of Person  TWINKIE TOPS Nany Francy Tampa  Firm/Company
825 NW 13th St. Address
City/State and Zip Code  Wisty @ Winkle tals Manny Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
KVISTY PILKMEUN at 352,538-2012  Name of Person)  Area Code & Daytime Telephone Number 350
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Curtificate of Status & Curtificate of St

### MAILING ADDRESS:

TO:

**Registration Section** 

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

Name of the Limited Liabil	ility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L1200122810	ty Company were filed on 9/24/20/01 and assigned	
This amendment is submitted to amend the following	G 2	
A. If amending name, enter the new name of the li	limited liability company here:	
The new name must be distinguishable and end with the v"L.L.C."	words "Limited Liability Company," the designation "LLC" or Re abbreviat	ioı
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AD		- -
Enter new mailing address, if applicable:	825 NW 13th Street Gainesville, FL. 32001	_
(Mailing address MAY BE A POST OFFICE BOX)	o Gainesnile, Fl. 32001	-
B. If amending the registered agent and/or registered agent and/or the new registered office a	egistered office address on our records, <u>enter the name of the naddress here</u> :	<u>ev</u>
Name of New Registered Agent:	Cristy Bickmeyer 325 NW 13th Street	-
	Enter Florida street address	-
<u> </u>	GRUNESIONE, Florida 3240/ City, Florida 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.

YNASTA BUCKMUMI 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 = Mar	naging Member		
Title	<u>Name</u>	Address	ype of Action
			Add
			- Add
		TALLAHASSEE.	Remove
		TO SE	Add
			Add Remove
			Add Remove
			Add Remove

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
Dated	8/19 , 2013.
	8/19 2013. Knist Bickmeyen
	Signature of a member or authorized representative of a member
	WISTY BICKMEN-LY Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

TALLAHASSEE FASSIC



## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 7, 2013

KRISTY BICKMEYER 825 NW 13TH STREET GAINESVILLE, FL 32601

SUBJECT: TWINKLE TOES NANNY AGENCY TAMPA LLC

Ref. Number: L12000122816

2013 AUG 29 AH IO: 35 SECRE ARY OF SIGH

We have received your document for TWINKLE TOES NANNY AGENCY TAMPA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick Regulatory Specialist II

Letter Number: 213A00018945