L14000155264

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T. HAMPTON

COVER LETTER

TO:	Registration Sec Division of Corp		29 84 **	*
SUBJEC	TWISTE	D PAINT AND WINE L	LC	•
SUBJEC	-1;	Name of Lim	ited Liability Company	
The enct	osed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please re	eturn all correspon	ndence concerning this matter	to the following:	
		DIGRAZIA, ASTRID)	
		<u> </u>	Name of Person	
			Firm/Company	
			Address	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	cation)
For furth	er information co	oncerning this matter, please c	all:	
DIGRA	AZIA, ASTRII	D	239 877-0537	
	Name of	Person		Telephone Number
Enclosed	l is a check for th	e 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 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

TWISTED PAINT AND WINE LLC	
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	w appears on our records.) mpany)
The Articles of Organization for this Limited Liability Company were file Florida document number L14000155264	d on 10/6/2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	pany here:
SPAD PAINT LLC	
The new name must be distinguishable and end with the words "Limited Liability Compa	any," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ETARY OF STATE A
B. If amending the registered agent and/or registered office address here:	ress on our records, <u>enter the name of the nev</u>
Name of New Registered Agent:	
New Registered Office Address:	Section File with a street and discovery
1	Enter Florida street address

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 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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	DIGRAZIA, DAVID	253 PEBBLE BEACH CIR	
		NAPLES, FL 34113	■ Remove
		78 VALLEY STREAM LN	
MGR	STRINGHAM, JAMES	NAPLES, FL 34113	□ Add
			Remove
			A Add COREMOVE DRemove
			AH II: 544 SEE, FLORIDA
			☐ Remove
			□ Add
			Remove
			□ Remove

•	,
	
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ffective date must be specific, can late this document is filed by the F	not be prior to date of receipt or filed date and cannot be more than 90 days after
ffective date must be specific, can late this document is filed by the F	not be prior to date of receipt or filed date and cannot be more than 90 days after lorida Department of State)
effective date must be specific, can late this document is filed by the FI	not be prior to date of receipt or filed date and cannot be more than 90 days after lorida Department of State)
date this document is filed by the F	not be prior to date of receipt or filed date and cannot be more than 90 days after florida Department of State) 2014 Signature of a member or authorized representative of a member

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Filing Fee: \$25.00

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SECRETARY OF STATE
AHASSEE, FLORIDA