

L1400016F092

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Shivers JAN 29 2015

# enitia corporation

EMPOWERING • AMERICA'S • ENTREPRENEURS

enitia corporation

p.o. box 495

dexter, mi 48130

Florida Department of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

January 2, 2015

**Re: Twisted Square, LLC**

Dear Sir or Madam:

Enitia Corporation has been authorized by Nicholas Caris to file the enclosed Amendment for Twisted Square, LLC. Enitia Corporation is acting only as the Incorporator.

If you need any additional information, you can reach us at

1-877-281-6496 (toll free)  
documents@directincorporation.com

We have enclosed an additional \$5.00 for one "Certificate of Status". For your convenience, I have enclosed a self-addressed envelope.

Thank you,

Ed Stahlin  
Enitia Corporation

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Twisted Square, 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:

EDWARD STAHLIN

\_\_\_\_\_  
Name of Person

DIRECT INCORPORATION

\_\_\_\_\_  
Firm/Company

123 N. Ashley St. Ste. 123

\_\_\_\_\_  
Address

Ann Arbor, MI 48104

\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

Edward Stahlin

877 281-6496  
at ( )

\_\_\_\_\_  
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**

Twisted Square, 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 10/28/2014 and assigned  
Florida document number L14000168092.

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:

6230 1/2 S Martindale Ave #A

**(Principal office address MUST BE A STREET ADDRESS)**

Tampa, FL 33611

Enter new mailing address, if applicable:

6230 1/2 S Martindale Ave #A

**(Mailing address MAY BE A POST OFFICE BOX)**

Tampa, FL 33611

**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:

New Registered Office Address:

Enter Florida street address

, Florida

City

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 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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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 TALLAHASSEE, FLORIDA

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

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated Dec, 16<sup>th</sup> , 2014



Signature of a member or authorized representative of a member

Nicholas Caris, Member

Typed or printed name of signee

Page 3 of 3  
Filing Fee: \$25.00

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