## L1400016f692

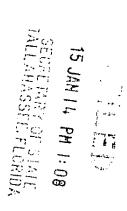
(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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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**

		ation Section 1 of Corporations					
SUBJECT	Twisted S	Square, LLC					
SOBOLET	Name of Limited Liability Company						
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please retur	n all correspon	ndence concerning this matter	to the following:				
		EDWARD STAHLIN					
			Name of Person				
		DIRECT INCORPO	RATION				
			Firm/Company				
		123 N. Ashley St. St	e. 123				
			Address				
		Ann Arbor, MI 48104	4				
			City/State and Zip Code				
		E-mail address: (	to be used for future annual report notifi	cation)			
For further	information co	oncerning this matter, please c	all:				
Edward :	Stahlin		877 281-6496				
-	Name of	Person	at () Area Code Daytime	Telephone Number			
Enclosed is	a check for th	e 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 Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L14000168092		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limited Liab	pility 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 or registered agent and/or the new registered office address her  Name of New Registered Agent:		the name of the ne
New Registered Office Address:		
	Enter Florida street address , <b>Florida</b>	0 A 10.
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>:</u>	
I hereby accept the appointment as registered agent and agr		

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:

<u> Fitle</u>	Name	Address	Type of Action
			Remove
<u></u>			□ Add
			□ Remove
			· · · · · · · · · · · · · · · · · · ·
			□ Add
			Remove
<del></del>			Add 5
			Add 15 Jane Remove SSCE. F. PM
<del></del>			A SECOND
			□ Remove
<del></del>			
			□ Remove

(optional) e than 90 days after
nember

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE