

L15000008473

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

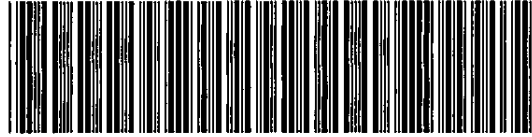
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600278220266

L15-8473

11/09/15--01018--025 **25.00

Amend

FILED
15 NOV -9 PM 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 10 2015
N. CAUSSEAUX

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TWISTED TS' MOBILE KITCHEN, 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:

ALVAN S. THOMPSON, JR
Name of Person

TWISTED TS' MOBILE KITCHEN, LLC
Firm/Company

2771-29 MONUMENT RD SUITE 163
Address

JACKSONVILLE, FL, 32225
City/State and Zip Code

twistedts@icloud.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALVAN S. THOMPSON JR at (352) 641-0428
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 TS' MOBILE KITCHEN, 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 JANUARY 14, 2015 and assigned Florida document number L1500008473.

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 contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "LLC."

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)

2771-29 MONUMENT RD

SUITE # 168

JACKSONVILLE, FL 32225

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:

ALVAN S. THOMPSON, JR.

New Registered Office Address:

11301 MONUMENT LINDEN BLVD

Enter Florida street address

JACKSONVILLE

City

Florida

FL

32225

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.

Alvan S. Thompson
If Changing Registered Agent, Signature of New Registered Agent

FILED
15 NOV - 9 PM 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
<u>MGR</u>	<u>ALWAN S. THOMPSON JR</u>	<u>11301 MONUMENT CANTON BLVD</u>	<input checked="" type="checkbox"/> Add
		<u>JACKSONVILLE FL 32225</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>MGR</u>	<u>ALWAN S. THOMPSON III</u>	_____	<input type="checkbox"/> Add
		<u>11301 MONUMENT CANTON BLVD</u>	<input checked="" type="checkbox"/> Remove
		<u>JACKSONVILLE FL 32225</u>	<input type="checkbox"/> Change
<u>AMBR</u>	<u>ALWAN S. THOMPSON III</u>	<u>#5928 WENTWORTH CIR. N.</u>	<input checked="" type="checkbox"/> Add
		<u>JACKSONVILLE FL 32277</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

15 NOV - 9 PM 2:17
 FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

Multiple horizontal lines for amending information.

15 NOV 19 17 PM 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED


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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated _____



Signature of a member or authorized representative of a member

ALVAN S. THOMPSON JR.

Typed or printed name of signee