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(Req	uestor's Name)	
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(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	MAIL	
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COVERLETER ROBERT MICHAEL VASQUEZ

DAYTIME TELEPHONE NUMBER

727-430-4337

RETURN ADDRESS

419 FEATHER TREE DR CLEARWATER, FL 33765

COVER LETTER

TO:	Registration Sec Division of Corp					
elib ie	Twist It LLC					
SUBJECT: Name of Limited Liability Company						
The enc	losed Articles of /	Amendment and fee(s) are sub	mitted for filing.			
Please r	eturn all correspoi	ndence concerning this matter	to the following:			
		Robert Vasquez				
			Name of Person			
			Firm/Company			
		PO Box 4244				
			Address			
		Clearwater, FL 33758-424	4			
			City/State and Zip Code			
		robbie@robbievasquez.com				
For first	har information ex	E-mail address: (i oncerning this matter, please ca	to be used for future annual report notificall.	cation)		
roi iuri	net information et	incerning this matter, prease ca	att.			
Robert	Vasquez		727 4304337 at ()			
_	Name of	Person	at () Area Code Daytime	Telephone Number		
Enclose	d 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

Twist It LLC	
(<u>Name of the Limited Liability C</u> (A Florida Lim	ompany as it now appears on our records.) nited Liability Company)
he Articles of Organization for this Limited Liability Comp	
lorida document number L15000142667	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited	liability company here:
ooks Group, LLC	
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRES	<u>sy</u>
nter new mailing address, if applicable:	PO Box 4244
Mailing address MAY BE A POST OFFICE BOX)	Clearwater, FL 33758-4244
	ed office address on our records, enter the name of the
egistered agent and/or the new registered office address	
	ARE 8 0 %
Name of New Registered Agent:	55 W
New Registered Office Address:	
· · · · · · · · · · · · · · · · · · ·	Enter Florida street address
	Florida 😂 🕹
	City Sip 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Change
			□ Remove
			□ Change
			□ Add
			☐ Remove
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Fective date, if other than the date of filing; an effective date is listed, the date must be specific and of	cannot be prior to	date of filing or	more than 90 days	optional) after filing.) Pursu	ant to 605	.0207
ote: If the date inserted in this block does not medicument's effective date on the Department of States.	eet the applicab	le statutory fili	ng requirements	this date will no	ot be liste	ed as
	• 1555.55					
e record specifies a delayed effective da	ate, but not	an effective	time, at 12:	01 a.m. on th	e earlie	er o
The 90th day after the record is filed.	,		·			
October 27	2017					
ated October 27		- '				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00