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TALL AHASSEE FLORIDA

TALL AHASSEE FLORIDA



COVER LETTER

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TO: Registration Se Division of Cor					
SUBJECT: Chan	ge to Manages Name of Lim	- Iwirly Toes Truck ited Liability Company	shop, LLC	_	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Paula	Pratt Name of Person			
	_ Twirly	Toes Truckshop Firm/Company	, LC		
	- 401 W Sunta	bst Fairbanks A	wenne	16 JUN - SECRETAR TALLAHASS	<u> </u>
	<u>Winte</u>	V Park HL 3. City/State and Zip Code	2787	-8 AM OY OF S SEE, FL	LED
	Delisabe E-mail address: (thp@gmail.co		9: In TATE ORIDA	
For further information c	oncerning this matter, please c	all:			
Paula Name o	Pratt fPerson	at (1/D7) 703 - 3	8493 Telephone Number		
Enclosed is a check for the	ne following amount:				
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

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**

Twirty Toes Truck Som (Name of the Limited Liability Comp (A Florida Limited	Vany as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Compan	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Lial	oility Company," 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:	FILE LAHASSEE
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, enter the name of the newere:
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 Agen	t:

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 = Manager

AMBR = Authorized Member **Title** Name Type of Action Linda Midkiff 401 West Fairbanks DAdd _□ Change 401 West Fairbanks XAdd Winter Park, FL 32789 Remove R.B. Pratt _□ Change □ Add ☐ Remove 6 Change --⊡ Repaove ☐ Change DbA □ □ Remove _□ Change □ Add □ Remove ☐ Change

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Effecti	ve date, if other than the date of filing: (optional)	ı
Note:	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing if the date inserted in this block does not meet the applicable statutory filing requirements, this date ent's effective date on the Department of State's records.	.) Pursuant to 605.0207 (3) will not be listed as the
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. 90th day after the record is filed.	on the earlier of:
	Jue 3 , 2016.	
Dated .		
Dated .	Signature of a member or authorized representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00