

LA000127006

(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:

not the R.A.

Office Use Only



600288394826

08/11/16--01019--025 **85.00

FILED
2016 SEP 13 A 8:54
CLERK OF STATE
TALLAHASSEE, FLORIDA

S Warren

SEP 14 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 12, 2016

THOMAS NICHOLS
4716 BLOOM DRIVE
PLANT CITY, FL 33566

SUBJECT: TWISTED SISTERS BNG, LLC
Ref. Number: L16000127006

We have received your document for TWISTED SISTERS BNG, LLC and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

To receive a refund, please submit a written request to the attention of the undersigned. Be sure to include the name of the person or entity the check should be made payable to and the address to which it should be mailed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 216A00017140

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Twisted Sisters BNG, 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:

Thomas Nichols
Name of Person

Twisted Sisters BNG, LLC
Firm/Company

4716 Bloom Drive
Address

Plant City, FL 33566
City/State and Zip Code

tommy32651@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas Nichols at (813) 526-1325
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 Sisters BNG, 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 7/5/2016 and assigned
Florida document number L16000127006

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 "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:

(Mailing address MAY BE A POST OFFICE BOX)

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

FILED
SEP 13 A 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MGR = Manager
AMBR = Authorized Member

OWN Jennifer Brown 4716 Bloom Drive ☐ Add

Plant City, FL 33566 ☒ Remove

CUN Laurie Bruce 4005 Thackeray Way ☐ Add

Plant City, FL 33514 ☒ Remove

1. Change

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

65-131A 8:55

☐ C
☐ A
☐ D

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)

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.

9/13

2014

Signature of a member or authorized representative of a member

Owner, Thomas Nichols
Typed or printed name of signer

Filing Fee: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA