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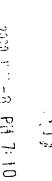
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## **COVER LETTER**

то:	Registration Section Division of Corporations	
SUBJE	Twizted Throttle LL	· <del>-</del>
SUBJE	Name of Limited Liability Con	npany
The end	sed Articles of Amendment and fee(s) are submitted for filing	<u>2</u> .
Please	urn all correspondence concerning this matter to the following	g:
	Lewrissa Main	Waring
	TWIZTELL ThroIIL	
	P N UNX ASAI	t.
	POBOX 2531	ess
	Chietland, Fl	32444
	City/State and	
	E-mail address: (to be used for fu	ture annual report notification)
For fur	er information concerning this matter, please call:	
ie	NVISSA Mainwavingat 3	535-5301
	NYISSA MAINWAVING at Area	Code Daytime Telephone Number
	is a check for the following amount:	
<b>⊡</b> ∕\$2	Certificate of Status Certific	Filing Fee & S60.00 Filing Fee, d Copy Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

			Z020 .	""" -8 PH 7: 10
TW12+ed Thr	offle LLC			
(Name of the Limited (A	Liability Company as it no Florida Limited Liability Co	w appears on our ompany)	records.)	
The Articles of Organization for this Limited Liab	sility Company were file	الم		and assigned
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of the	he limited liability com	pany here:		
The new name must be distinguishable and contain the wor	ds "Limited Liability Compa	ny," the designation	n "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applical	ole:	<del></del>		
(Principal office address MUST BE A STREET	ADDRESS)			
	<del></del>			
Enter new mailing address, if applicable:			<del></del>	
(Mailing address MAY BE A POST OFFICE B)	<u>OX)</u>			
B. If amending the registered agent and/or regagent and/or the new registered office address	gistered office address here:	on our records,	enter the nam	e of the new registered
Name of New Registered Agent:	LEWYISSO	Mainwa	uring_	
New Registered Office Address:	519 NE 2	nd St Enter Florida stree		
	Chietlar			31626 Zip Code
	City		1	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.

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MER	Neal A Johns	903 Kirby St	<b>⊡</b> Add
		Palatka, FL 32177	□Remove
			□Change
AMBR	Lowrissa R Mainwaring	519 NE 2nd St	<b>⊡</b> ⊀dd
		Chiefland FL 374174	□ Remove
			Change
			□ Remove
			□Change
	<u></u>		□Add
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ecord specif s filed.	ies a delayed effectiv	e date, but not a	nn effective tim	ne, at 12:01 a.m.	on the earlier of	: (b) The 90th (	day after the
ted	June and	4,	1020	_ ·			
	///	1					
	106	Signature of a m	i <del>en:ber or aut</del> hor	ized representative	of a member		<del></del>