L20000181795

(Requestor's Name)
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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<i>→</i> ••:
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Office Use Only



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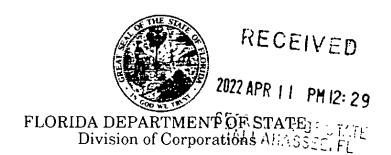
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COVER LETTER

TO: Amendment Se Division of Cor						
	ed Treatz & Th	ninaz. LLC				
SUBJECT:		lorida Profit Corporatio	on			
	Conversion and fee(s) are ender the laws of another ju			ı into an a	i	
Please return all corresponderion Brad	ondence concerning this m	atter to:				
-	Contact Person					
The MBE Ex	perience, LL	C				
	Firm/Company					
1744 12th A	venue South					
	Address					
St. Petersbu	ırg, Fl 33712			ر م در السيد	2022 APR 11	
•	City, State and Zip Code	_			P	17
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	concerning this matter, plea				င္ဟ	****
Marion Brad	lford	at (727) 6	37-2552	. (1	ယ	
Name of Cor	ntact Person		Paytime Telephone Number	er		
Enclosed is a check for t	he following amount:					
□ \$35.00 Filing Fee	343.75 Filing Fee and Certificate of Status	☐ \$43.75 Filing Fee and Certified Copy	S52,50 Filing For Certified Copy, and Certificate of Statu	j		
Mailing Addre		Street Add				
Amendment Se Division of Cor		Amendmen	it Section Corporations			
P.O. Box 6327	•	The Centre	of Tallahassee			
Tallahassee, FI	. 32314	2415 N. Mo	onroe Street, Suite 810			

607.1622 (10) As a condition of a conversion of a domestic corporation to another type of entity under s. 607.11930, the domestic corporation converting to the other type of entity must be active and current in filing its annual reports in the records of the department through December 31 of the calendar year in which the articles of conversion are submitted to the department for filing.

Tallahassee, FL 32303



February 7, 2022

MARION BRADFORD THE MBE EXPERIENCE, LLC 1744 12TH AVENUE SOUTH ST PETERSBURG, FL 33712

SUBJECT: TWISTED TREATZ & THINGZ LLC

Ref. Number: L20000181795

We have received your document for TWISTED TREATZ & THINGZ LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), s.607.1622(9) and/or 607.1622(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

What State are you converting to? It cannot be Florida. If you are just trying to change the name of the LLC filed in our office you have completed the wrong form.

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) 245-6050.

Letter Number: 422A00003021

Diane Cushing Senior Section Administrator

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

+WISTER TYEUT	2 9 MI	192 116		
(Name of the Limited I	Liability Company Florida Limited Lia	as it now appears on our reco oility Company)	ords.)	
The Articles of Organization for this Limited Liabi	ility Company w	ere filed on 194-06	22 and assigned	
Florida document number <u>L2000D/8/</u>	795		υ υ	
This amendment is submitted to amend the following	• -			
	_	transmin bara.		
A. If amending name, enter the new name of th				
The MBE EXPLYIER CL The new name must be distinguishable and contain the word	s "Limited Liability	Company," the designation "L	LC" or the abbreviation "L.L.C."	_
Enter new principal offices address, if applicable				
(Principal office address MUST BE A STREET A				_
				_
Enter new mailing address, if applicable:		 		_
(Mailing address MAY BE A POST OFFICE BO	<u> </u>			_
		 		_
B. If amending the registered agent and/or regi		dress on our records, <u>ent</u>	er the name of the new regist	ered
agent and/or the new registered office address h	<u>iere</u> :			
Name of New Registered Agent:				
	_			_
New Registered Office Address:		Enter Florida street add	ress	_
			Florida	

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.

City

Zip Code

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 = A	uthorized Member	•	
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
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ord specifies a filed.	ı delayed	effective date.	, but not :	an effective	time, at	12:01 a.m. on	the earlier of:	(b) The 90th day afte
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