

621000114271

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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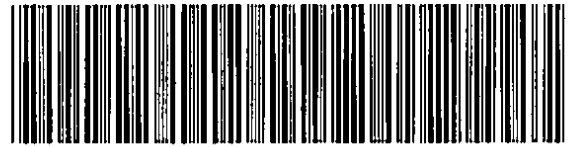
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2021 JUL 12 A 11:24

2021 JUL 12 A 11:24



RECEIVED

2021 JUL 12 PM 12:42

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 24, 2021

SONYA L. MORELAND  
1297 S.W. FOUNTAIN AVE  
PORT SAINT LUCIE, FL 34953

SUBJECT: SIP - W - A TWIST LLC  
Ref. Number: L21000114271

We have received your document for SIP - W - A TWIST LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

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.

Summer Chatham  
OPS

Letter Number: 521A00014405

2021 JUL 12 AM 11:24

11 FEB

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SIP - W - A TWIST  
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:

Sonya L Moreland  
Name of Person

SIP - W - A TWIST  
Firm/Company

1297 S.W. FOUNTAIN AVE  
Address

PORT SAINT LUCIE FL 34953  
City/State and Zip Code

sonya.moreland@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sonya L Moreland at (772) 291 3458  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2021  
JAN 11 11:24  
JAN 11 11:24

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

SIP - W - ARTWIST

(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 3-10-2021 and assigned Florida document number L21000114271.

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:

Somya J. Moneymond

New Registered Office Address:

12411 SW 11th Ave  
Enter Florida street address  
PORT SANI LUCIA, Florida 34883  
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**

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

MGR ~~12/28~~  
Sonya L Moreland 1297 SW Fountain Ave ☒ Add  
PORT SAINT LUCIE FL 34953  
☐ Remove

MGR Moreland & Son 1297 SW Fountain Ave. Add  
PORT SAINT LUCIE FL 34953

[Change](#)

☐ Add

[Remove](#)

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☐ Add

[Remove this item](#)

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[illegible]

(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)

Pursuant to 605.0207 (3) will not be listed as the  
90th day after the

Dated 05-19 2021

Signature of a member or authorized representative of a member

Typed or printed name of signee