## h22000241412

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S. CHATHAM

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DIVISION OF CORPORATIONS

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## **COVER LETTER**

TO:		ration Secon of Corp		,	*
******		ummies w	: ith a Twist LLC		
SUBJE	CT: _		Name of Lim	ited Liability Company	
The encl	losed A	rticles of /	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all	correspor	ndence concerning this matter	to the following:	
			Stephanic Goebel		
			<del></del>	Name of Person	
			ZenBusiness Inc.		
				Firm/Company	
			5511 Parkerest Drive, Ste.	103	
				Address	
			Austin, TX 78731		
				City/State and Zip Code	
			fulfillment@zenbusiness.co	om to be used for future annual report notif	ication
For furth	ner info	rmation co	oncerning this matter, please co	•	(Cathorn)
Stephan	iie Goel	oel c/o Zer	Business Inc.	844 493-6249 at ()	
		Name of	Person	Area Code Daytime	Telephone Number
Enclosed	d is a ch	eck for the	e following amount:		
<b>⊟</b> \$25.	.00 Filir	ig 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

Gummies with a Twist 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  $\frac{05/24/2022}{}$ \_\_\_\_\_ and assigned Florida document number 1.22000241412 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 "LLC." 11582 SW Village Pkwy #1024 Port St Lucie, FL 34987 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 11582 SW Village Pkwy #1024 Port St Lucie, FL 34987 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 Florido street address

## 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

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
AMBR	Brittany Piquant		
			□ Remove
		11582 SW Village Pkwy #1024 Port St Lucie, FL 34987	<b>⊟</b> Change
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			□ Remove
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ective date, if other than the date effective date is listed, the date must be see. If the date inserted in this block dument's effective date on the Depart	specific and cannot be pri does not meet the appl	licable statutory fi	r more than 90 days after ling requirements, this	filing.) Pursuant s date will not	.10 605,020 be listed a
record specifies a delayed eff he 90th day after the record		not an effectiv	e time, at 12:01 a	a.m. on the	earlier c
ed July 15	. 2022	<u> </u>			
/s/ Brittany Piquant					
Sign	nature of a member or au	thorized representat	ive of a member		

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Filing Fee: \$25.00