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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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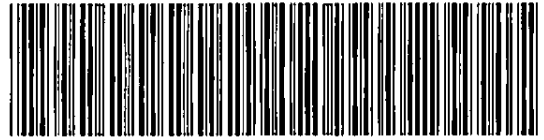
(Business Entity Name)

(Document Number)

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2023 MAR 20 PM 12:52
SECURITY STATE
TALLahassee, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE TWISTED SHIRMP, 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:

MATEO ORJUELA CORREA

Name of Person

THE TWISTED SHIRMP, LLC

Firm/Company

87745 OVERSEAS HWY

Address

ISLA MORADA, FL 33036

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

2023 MAR 20 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

MATEO ORJUELA

305 684-6865
at ()

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

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

THE TWISTED SHRIMP, 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 DECEMBER 7, 2022 and assigned
Florida document number L22000513512.

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)

87745 OVERSEAS HWY

ISLA MORADA, FL 33036

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

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	JUAN P ORJUELA CORREA	87745 OVERSEAS HWY	<input checked="" type="checkbox"/> Add
		ISLA MORADA, FL 33036	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MATEO ORJUELA CORREA	87745 OVERSEAS HWY	<input checked="" type="checkbox"/> Add
		ISLA MORADA, FL 33036	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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PH 52
Remove
Change
Add

2023 MAR 20 PM 12: 52
SECRETARY OF STATE
TALLAHASSEE, FL

2023 MAR 20 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FL

(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.

Dated MARCH 15, 2023

Kosawa
Signature of a member

Signature of a member or authorized representative of a member

ROSANNA DIFEAUX- ACCOUNTANT-AUTHORIZED REPRESENTATIVE OF THE MEMBERS

Typed or printed name of signee