# L23000094405

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3/27/2023

Florida Department of State Division of Corporations

RE: Amendment of Articles

Florida Document Number: L23000094405

To Whom It May Concern:

Please find enclosed my application to amend the Manager for the above-described document number.

You can reach me via phone number 727.564.2635 for any further questions or concerns.

Thank you for your attention to this matter.

Stacey Chadwick 8434 Magnolia Dr. Seminole, Florida 33777

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: TWISTED Revolvers Band, 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:
Stacey Chadwille Name of Person
Twisted Revolvers Band LLC Firm/Company
8434 Magnolia Dr Address
Seminole, FL 33777
Seminale, FL 33777  City/State and Zip Code  Stchush @ yahav, com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Stacey Chadwick at (727) 564.2635  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{ \$30.00 Filing Fee & Certificate of Status}\$\$\$ Certificate of Status \$\text{ Certified Copy (additional copy is enclosed)}\$\$\$\$ Certificate of Status \$\text{ \$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

Twisted Revolvers	Band, uc		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records. ability Company)	)	
The Articles of Organization for this Limited Liability Company v Florida document number <u>L230006944</u> 05	were filed on Feb 21,	2023	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company here:		
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC"	or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applicable:			20
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	2023 F
			TI TI
			29
Enter new mailing address, if applicable:		(n) \(\frac{1}{2} \)	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	<u> </u>	
		ME.	<u> </u>
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, <u>enter t</u>	he name of	the new registered
Name of New Registered Agent:			
New Registered Office Address:	F		
	Enter Florida street address		
<del> </del>	······································	rida	
	City	Ž	Sip 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 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>	Type of Action
MGR	Stacey chadwi	ck 8434 Magnolia D Senimole, Florida	<u>r</u> LXAdd
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Dated	3.27.	· ,	2023	<u>.</u> •			
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