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COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT:

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Name of Limited Liability Company

The enclosed Articles of Amendment and fee(\$) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Judy Karniewicz, Esq.

2023 OC
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<u></u>
-

For further information concerning this matter, please call:

 Judy Karniewicz, Esq.
 813
 962-0747

 at (_____)
 Area Code
 Daytime Telephone Number

Enclosed is a check for the following amount:

S25.00 Filing Fee

\$30.00 Filing Fee & Certificate of Status S55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy (s enclosed))

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

DocuSign Envelope ID: 39D258B2-BB90-466E-BF61-67AD50DB62E5 AKTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TWILA MAE'S CHICKEN SALAD UNLIMITED, LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organizatio	on for this Limited Liability Company were filed on <u>August 7, 2023</u>	and assigned
Florida document number		

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 Liabil	ity Company." the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	SEC
(Principal office address MUST BE A STREET ADDRESS)	
	2
Enter new mailing address, if applicable:	<u> </u>
(Muiling address MAY BE A POST OFFICE BOX)	

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> agent and/or the new registered office address here:

Name of New Registered Agent:	<u> </u>	
New Registered Office Address:	Enter Florida street ad	dress
	Cinc	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.

DocuSign Envelope ID: 39D258B2-BB90-466E-BF61-67AD50DB62E5 It amenuing Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

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Title	<u>Name</u>	Address	Type of Action
MGR	Landon Stevenson	17660 S Tamiami Trail #101	🖸 Add
		Ft. Myers, FL 33908	
			🖸 Add
			🗆 Remove
			🗆 Add
			CR DCC Change
<u> </u>			Add
<u></u>			🗋 Add
		=	🗌 Remove
			🗆 Add
			🗆 Remove
			□Change

DocuSign Envelope ID: 39D258B2-BB90-466E-BF61-67AD50DB62E5

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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 _	10/12/2023	2023	
	DocuSigned by:		
	CFA287C45CC34A2	Signature of a member or authorized representative of a member	
	Thomas Colangelo		
		Typed or printed name of signee	

Filing Fee: \$25.00