25 000 240 811

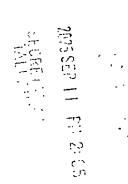
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





000453989220

07/09/25--01020--009 *+60.00



SB 9/16/2025

COVER LETTER

SUBJECT: Red Twizz	lers Licorice LLC						
Name of Limited Liability Company							
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please return all correspo	ondence concerning this matter	to the following:					
	Darryl W Hunt						
		Name of Person					
		Firm/Company					
	10620 Lazy Lake Dr						
		Address					
	Orlando,FL 32821						
		City/State and Zip Code					
	downtowndarryl@gmail.co						
	E-mail address: (to be used for future annual report notif	fication)				
For further information of	oncerning this matter, please ca	all:					
DARRYL W HUNT		at (407 7828030					
Name o	f Person		Telephone Number				
Enclosed is a check for the	ne following amount:						
□ \$25.00 Filing Fee	S30.00 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

TO:

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



August 25, 2025

DARRYL W HUNT 10620 LAZY LAKE DR ORLANDO, FL 32821

SUBJECT: RED TWIZZLERS LICORICE LLC

Ref. Number: L25000290811

We have received your document for RED TWIZZLERS LICORICE LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

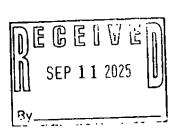
DATE THE LAST PAGE.

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.

Letter Number: 325A00019032

SHANTELL BROWN Regulatory Specialist II



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Red 1 wizziers Licorice LLC		<u> </u>
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our imited Liability Company)	records.)
The Articles of Organization for this Limited Liability Cor	npany were filed on June 23,200	and assigned
Florida document number L25000290811		
Torraz document numoci	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
10305 Licorice Way LLC		
The new name must be distinguishable and contain the words "Limite	d 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 ADDRE	(22)	
1 Total Comment of the August 1 to Date of the August		2075 SEP 54 CKL1
		
		三十二年 一年音 一覧 二十二十二
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered of	office address on any records	onter the name of the figur registers
b. It amending the registered agent and/or registered (agent and/or the new registered office address here:	mice address on our records,	enter the name of the new registered
N		
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 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
			□Remove
		 	☐ Change
			□Add
		·	□ Remove
			□Change
			□Add
			□ Remove
			□Add
			□Remove
			□ Change
			🗖 Add
			□Remove
		Change	
			□ Remove
		Change	

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	•
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	-
Effective date, if other than the date of filing:	5.0207 (3 ited as th
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 of is filed.	er the
Dated	
Darryl W Hunt	
Typed or printed name of signee	

Filing Fee: \$25.00