P13000101854

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14 MAR -3 AM IO: 35
SECRETARY OF STATE
SECRETARY OF STATE

MAR 0 5 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section

Division of Corp	orations				
NAME OF CORPOR	RATION: Twistin G	rip Inc			
DOCUMENT NUM	BER: P13000101	854			
The enclosed Articles	of Amendment and fee are si	bmitted for filing.			
Please return all corre	spondence concerning this ma	atter to the following:			
	Alison Walter				
		Name of Contact Per	rson	_	
- '	Twistin Grip In	С	•		
		Firm/ Company		_	
	5345 23rd Stre	et			
		Address			
	Zephyrhills, FL	. 33542		_	
		City/ State and Zip C	ode		
alio	@twistingrip.co	m			
	E-mail address: (to be u		ort notification)		
			,		
For further information	n concerning this matter, plea	se call:			
			700 1004		
Alison Walt	.er	_{at (} 727			
Name o	of Contact Person	Area	Code & Daytime Telephone Numbe	er .	
Enclosed is a check fo	r the following amount made	payable to the Florida D	epartment of State:		
35 Filing Fee	□\$43.75 Filing Fee &	□\$43.75 Filing Fee &			
.	Certificate of Status	Certified Copy (Additional copy is	Certificate of Status Certified Copy		
		enclosed)	(Additional Copy		
		onolosou,	is enclosed)		
	ling Address		et Address		
Amendment Section			Amendment Section		
Division of Corporations			Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle			
1 anana5500, 1 L 32314			Tallahassee, FL 32301		

Articles of Amendment to Articles of Incorporation of

FILED

14 MAR -3 AM 10: 35

Twistin Grip Inc

SECRETARY OF STATE ORIDA

(Name of Corporation as currently filed with the Florida	TALLAH	HASSEE, FLORI
P13000101854		
(Document Number of Corporation (if know	n)	<i>;</i>
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> its Articles of Incorporation:	a Profit Corporation adopts the following	g amendment(s) to
A. If amending name, enter the new name of the corporation:		
		_The new
name must be distinguishable and contain the word "corporation," "co" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". word "chartered," -"professional Association," or the abbreviation "P.A."		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered office address in new registered agent and/or the new registered office address:	Florida, enter the name of the	
Name of New Registered Agent		
(Florida street add	ress)	
New Registered Office Address	, Florida	
(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with an		
Signature of New Registered Agent, i	if changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	¥	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	·	-	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			446.400.40.40
Add			
Remove			
6) Change	•		
Add			4
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
Ownership Split effective 12-27-13:
Alison Walter owns 51% of Twistin Grip Inc
Thomas G Stefan owns 49% of Twistin Grip Inc
•
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself; (if not applicable, indicate N/A)

The date of each amendment(s) adoption: 12-27-13 date this document was signed.	, if other than the
Effective date if applicable: 12-27-13	
(no more than 90 days after amendment file date)	_
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated Z 27 M	
Signature (By a director, president or other officer – if directors or officers have not been	_
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	•
(Typed or printed name of person signing)	<u></u>
President	
(Title of person signing)	

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SECRETARY OF STATE