15000/86500

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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	•	COVER LETTE	R
TO: Registration S Division of Co			
Work Fro	g LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Jose Infante		
		Name of Person	
	Work Frog LLC		
		Firm/Company	
	9700 NW 79 Ave		
		Address	
	Hialeah Gardens, FL 3301	6	
	jinfante@work-frog.com	City/State and Zip Code	
	E-mail address: (to be used for future annua	eport notification)
For further information	concerning this matter, please concerning	all:	
Jose Infante		305 52	25-9441
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 en	Certificate of Status &
	LING ADDRESS:	CTDFF	T/COURIER ADDRESS:
Regis	stration Section	Registra	tion Section
P.O.	ion of Corporations Box 6327 hassee, FL 32314	Clifton I 2661 Ex	of Corporations Building Secutive Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WORK Prog LLC	l l	
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	ny as it ndw appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company version of the Company vers	were filed on 11/03/2015 and assign	ned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity 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)	80 	LL AF
	6	TARY C
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		ON TATE
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent:		the nev
New Registered Office Address:		
New Registered Office Address.	Ent e r 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 agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as publing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am familiar with a provided for in Chapter 605, F.S. Or, if this docum	and ent is
If Chan	nging Registered Agent, Signature of New Registered Agent	_
ti Chang	three conference of referred extrements at real rest pressed together	

Page 1 of 3

GR = Ma MBR = Au	nnager ithorized Member		
t <u>le</u>	<u>Name</u>	Address	Type of Action
иBR	LAUNERTS HOSPITALITY GRO		
		20900 NE 30 AVENUE #410 A	VE
			Add
			Remove
			Change
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			□ Remove
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			□ Change
			☐ Add
		☐ Remove	
			Change
			□ Remove
			Change

	LAUNERTS HOSPITALITY GROUP, LLC		_
,	20900 NE 30 AVENUE #410		_
	AVENTURA, FL 33180		_
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ffective date, if other th	nan the date of filing: 01/10/2018	(optional)	
Note: If the date inserted i	date must be specific and cannot be prior to date of finithis block does not meet the applicable statute on the Department of State's records.		
e record specifies a c The 90th day after t	delayed effective date, but not an effe he record is filed.	ctive time, at 12:01 a.m. on the ear	lier of
Pated			
	Showing		
	Signature of a member or authorized repre	sentative of a member	
Jose Infante	1 /		
	Typed or printed name of s	signee	
	Page 3 of 3	\	

Filing Fee: \$25.00