L21000093602

(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: PER Andrew Rosen, Changed HTHE to. MGR/AMBR B

Office Use Only

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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 28, 2021

ANDREW ROAN 8531 AMBER OAK DR. ORLANDO, FL 32817

SUBJECT: WORK LOGICS LLC Ref. Number: L21000093602

We have received your document for WORK LOGICS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 921A00026279

Alecia Rivers Regulatory Specialist II

COVER LETTER

:

TO: Registration Sec Division of Corp			
SUBJECT:	ork Logic	S LIC	
50001.C1. <u>CC</u>	Name of Lin	nited Liability Company	
The enclosed Articles of A	vmendment and fee(s) are sub	omitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	- Andr	Pour Rour	
	Wo	rk Logics (LC_
	8531 Am	per Oak Dr Address	
	Orlande drewaw	City/State and Zip Code C(K) CG(CS, Netto be used for future annual report notified to be used for future annu	lication)
For further information cor	neerning this matter, please ca	· ·	, and the second
Drew R	Person Ex	at (401) 717 Area Code Daytime	- 550 V e Telephone Number
Enclosed is a check for the	following amount:		
XS25.00 Filing Fee	☐ \$30.00 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:		Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

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

Work Logics Ll		
(Name of the Limited Liability Company as it now (A Florida Limited Liability Cor	v appears on our records.) mpany)	
The Articles of Organization for this Limited Liability Company were filed Florida document number 12100093602	I on $\frac{62}{25}$ $\frac{25}{21}$ and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability comp	pany here:	
The new name must be distinguishable and contain the words "Limited Liability Company		
The new name must be distinguishable and contain the words "Limited Liability Company	y," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office address on agent and/or the new registered office address here:	our records, enter the name of the new regist	tered
Name of New Registered Agent:	. =1	
New Registered Office Address:	1 - 1	_
Er	nter Florida street address II	
	Florida ပ	_
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:					<u>_</u>	_

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name .	Address	Type of Action
mGRIA	MB2 Andrew Roan	8531 Amber Cak Dr	ŽÍ∧dd
		Orlando F1. 32817	□Remove
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ffective date, if other than the date of filing:	505,0207 (3 isted as th
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a is filed.	fter the
ned 10/14/21	
Signature of a member or authorized representative of a member	
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