L07000035839

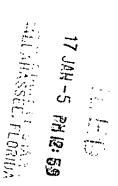
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	······
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



800293931158

01/05/17--01026--008 **25.00



JAN 06 2017

Y SULKER

COVER LETTER

TO:	Registration Se Division of Cor			
	Land Worx			
SUBJ	ECT:		ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Sarah S Crouch		
			Name of Person	
			Firm/Company	
		6733 Idlewild St		
			Address	· · ·
		Fort Myers, FL 33966		
		sscrouch1@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For fu	rther information c	oncerning this matter, please ca	all:	
Sarah	S Crouch		239 938-4361 at ()	e Telephone Number
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclos	sed is a check for th	ne following amount:		
X \$2	25.00 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:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

Land Worx, Llc			
(Name of the Limi	ted Liability Compa (A Florida Limited L	ny as it now appears of Liability Company)	n our records,)
The Articles of Organization for this Limited L L07000035839 Lorida document number	iability Company	were filed on	and assigned
his amendment is submitted to amend the fol	lowing:		
A. If amending name, <u>enter the new name c</u>	of the limited liab	ility company here	;
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		6733 Idlewild St	
(Principal office address MUST BE A STREET ADDRESS)		Fort Myers, FL 33	966
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		6733 Idlewild St Fort Myer, FL 339	25.
B. If amending the registered agent and registered agent and/or the new registered o	~		our records, enter the name of the
Name of New Registered Agent:	Sarah S Crouch	h .	
New Registered Office Address:	6733 Idlewild		<u> </u>
	Fort Myers	Enter Florida	a 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 Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Dylon Brice Dixon	11495 Ranchette Rd	
		Fort Myers, FL 33966	 ; ;
			Remove
			□ Change
			Add
			□ Remove
			☐ Change
			□ Remove
			Change
			A Add
			T. Permove
,			Change
			□ Add
			□ Remove
	•		☐ Change
		· .	Add
			Remove
			☐ Change

	*** ***		,			
						
						
						
			· · ·			
						
•			· · · · · · · · · · · · · · · · · · ·			
					17 J	
				22:	- 	
				25.5 25.5 25.5 25.5 25.5 25.5 25.5 25.5	<u>_</u> Ch_	\$ 11 to 1
				<u> </u>	- Pa 159	
				108C	<u>08)</u>	
				D''		
Dogorah	ar 20. 2016					
fective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be pro-	er 30, 2016	Cti	(opt	tional)		
ote: If the date inserted in this block does not meet the app	licable statu	atory filing re	quirements, th	is date w	ill not	be listed
ocument's effective date on the Department of State's record	as.					
record specifies a delayed effective date, but r	not an eff	fective time	e, at 12:01	a.m. or	n the	earlier
The 90th day after the record is filed.						
December 30 2016 ated						
	·					
Signature of a monthler or au	uthorized rep	resentative of a	memher			

Page 3 of 3

Filing Fee: \$25.00