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| (Re | questor's Name) | |
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| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL. |
| (Bu | siness Entity Nar | ne) |
| (Do | cument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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K.SALY EXAMINER APR 12

COVER LETTER

| Divis | sion of Corp | oorations | | |
|---------------------|---------------|--|---|---|
| SUBJECT: | C Woodwor | th Enterprises, LLC | | |
| SUBJECT. | | Name of Lim | ited Liability Company | |
| | | | | |
| The enclosed | Articles of A | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return | all correspor | idence concerning this matter | to the following: | |
| | | Charles Woodworth | | |
| | | | Name of Person | |
| | | C Woodworth Enterprises, | LLC | |
| | | | Firm/Company | |
| | | 944 Wellington Avenue | | |
| | | | Address | |
| | | Oviedo, FL 32765 | | |
| | | · | City/State and Zip Code | |
| | | cdwoodworth44@aol.com | | |
| | | E-mail address: (| to be used for future annual report notif | ication) |
| For further in: | formation co | ncerning this matter, please ca | ill: | |
| CharlesWood | lworth | | 407 359-9936 | |
| | Name of | Person | | Telephone Number |
| Enclosed is a | check for the | e following amount: | | |
| ■ \$25.00 Fi | ling 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) |

TO:

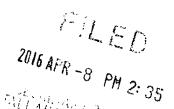
Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



C Woodworth Enterprises, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| The Articles of Organization for this Limited Liability Company | were filed on 4/20//2009 | and assigned |
|---|------------------------------------|-------------------------------------|
| Florida document number L09000037630 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabi | lity 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: | | <u> </u> |
| (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 of registered agent and/or the new registered office address here | | s, <u>enter the name of the new</u> |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street addres | s |
| | , Fle | orida Zip Code |
| | City | Zip Code |
| 31 D 1 4 1 4 41 - O1 4 10 1 1 D 1 1 1 | | |
| New Registered Agent's Signature, if changing Registered Agent: | | |

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> | <u>Address</u> | Type of Action |
|--------------|-----------------|----------------------------------|----------------|
| AMBR | Sheri Woodworth | 944 Wellington Avenue, Oviedo, F | ≅ Add |
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| | 4/1/2016 | , , | _ |
| te: If the date inserted in this l | ne date of filing: out be specific and cannot be prior to date block does not meet the applicable s Department of State's records. | (opti e of filing or more than 90 days after statutory filing requirements, thi | filing.) Pursuant to 605.020 |
| | _F | | |
| record specifies a delaye he 90th day after the re | ed effective date, but not an ecord is filed. | effective time, at 12:01 a | a.m. on the earlier o |
| ed April 5 | , 2016 | | |
| | Signature of a member or authorized | | |
| | | | |

Page 3 of 3

Filing Fee: \$25.00