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## **COVER LETTER**

	ivision of Co			•
SUBJECT		Vork Wear LLC	.,	
SOBJECT	·	Name of Lin	nited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please retu	rn all correspo	ondence concerning this matter	to the following:	
		Jennie Pleasant		
			Name of Person	
		Ortega & Figueroa Accou	nting & Tax Service Inc	
			Firm/Company	
		5100 W Copans Road, Ste	: 1010	
		<u>-</u>	Address	
		Margate, FL 33063		
		<del></del>	City/State and Zip Code	<del></del>
		office@margatetaxservices		
			to be used for future annual report notif	ication)
For further	information c	oncerning this matter, please c	all:	
Ronald Mu	ill		954 520 4026 at ( )	
	Name o	f Person		Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$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)
	ailing Addres		Street Address:	
	gistration S	Section	Registration Sec	tion

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

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## 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
VP	Justin P Mull	3130 NW 63rd St	■Add
		Fort Lauderdale FL 33309	Πn
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fective date, if other than the comeffective date is listed, the date must ote: If the date inserted in this bloom	be specific and cannot be prior to ck does not meet the applicat	date of filing or more than	<b>(optional)</b> 90 days after filing.) Pursuant to ements, this date will not be	605.0207 listed as
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ecord specifies a delayed effective is filed.	date, but not an effective tim	ie, at 12:01 a.m. on the e	arlier of: (b) The 90th day	after the
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