110000874169

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ad | idress) | |
| (Ad | ldress) | |
| (Cit | ry/State/Zip/Phone | · #) |
| PICK-UP | ☐ WAIT | MAIL MAIL |
| (Bu | isiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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| | | |
| | | |
| | | |

Office Use Only

G. MCLEOD

AUG - 1 2012

EXAMINER



000237824930

07/30/12--01019--004 **25.00

T I L T L OS PH 4: OS

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Compa (A Florida Limited) | uny as it now appears on our place in the company) | records.) | |
|--|--|--------------------------------|--|
| The Articles of Organization for this Limited Liability Company | were filed on July, | 29 2011 and assigned | l |
| Florida document number 111000087469 | | · | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liab | bility company here: | | |
| The new name must be distinguishable and end with the words "Lim" L.L.C." | ited Liability Company," the d | esignation "LLC" or the abbrev | iation |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | 12 JUL 30 PM 4: 08 | and the last |
| Enter new mailing address, if applicable: | | | 3 |
| (Mailing address MAY BE A POST OFFICE BOX) | | M 4: 08 | Samuel Sa |
| B. If amending the registered agent and/or registered o registered agent and/or the new registered office address here | | | new |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | Enter Florid | da street address | |
| | | , Florida _ | |
| | City | Zip Code | |
| New Registered Agent's Signature, if changing Registered Agent | <u>:</u> | | |

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 608, 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

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

| Title UGR | <u>Name</u> S <i>USH</i> V | SOHNSON | Address 7500 SW JACK S STUART, FL. | 14MES UR 34997 | Type of Action Add Remove |
|--------------|-------------------------------|---------|--|-------------------|----------------------------|
| | | | | | ☐ Add ☐ Remove |
| | | | | | Add Remove |
| | | | | | Add Remove |
| | | | | | Add Remove |
| • | | | | | ∏Add _∏Remove |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 7.16.2012

Signature of a member or authorized representative of

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

COVER LETTER

| 10: Registratio Division of | a Section Corporations | |
|--------------------------------|---|-----|
| SUBJECT: | FRESH WORKS LLC. | |
| | Name of Limited Liability Company | |
| | • | |
| The enclosed Articles | s of Amendment and fee(s) are submitted for filing. | |
| Please return all corr | espondence concerning this matter to the following: | |
| | FRANCISCO S. MI GUER | |
| | . Name of Person | |
| | FRESH WINKS LLC. | |
| | Firm/Company | |
| | 7550 SW BACK JAMES DR | |
| | Address | |
| | STUART, FL. 34997 | |
| | City/State and Zip Code | |
| | MFSACESWORKS (O'GNAIL COM | |
| | E-mail address: (to be used for future annual report notification) | |
| | on concerning this matter, please call: | |
| FRANCIS | co d. MIGUEL at (561) 221-9584 | |
| Na | ne of Person Area Code & Daytime Telephone Number | |
| | | |
| Enclosed is a check f | or the following amount: | |
| \$25.00 Filing Fee | S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) | :d) |
| 3.4 | All INC ADDRESS. STREET/COUDIED 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