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SECRETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Working Assets 101 UC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
MARLENE GREEN	
Name of Person	
Firm/Company	
10524 Moss PARK ROAD, 201	1-643
Marie Cotty/State and Zip Code Walter Cotty 247 & Omed Com	
City/State and Zip Code MALLENE GREEN 247 e pmoil. Com E-mail address: (no be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person Area Code Name Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Solution Status Solution Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee. Certified Copy (additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Working A	-58ets 101	
(Name of the Limited Liabil) (A Florid	ity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability of Florida document number	Company were filed on $8/26/26$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim FLESH EYES BUSINE The new name must be distinguishable and end with the words "Li Enter new principal offices address, if applicable:	ss Solutions LLC	
(Principal office address MUST BE A STREET ADD	<u>RESS)</u>	
Enter new mailing address, if applicable:		15 J
(Mailing address MAY BE A POST OFFICE BOX)		金
B. If amending the registered agent and/or registered		SAL CO TO
registered agent and/or the new registered office add	<u>iress nere</u> :	57 1A15
Name of New Registered Agent:	· · ·	<i>></i> *
New Registered Office Address:	Enter Florida street address	
	, Flori	
	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

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
			
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Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE TALL AHASSEE, FLORID