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COVER LETTER

TO:	Registration of	n Section Corporations	
CUD VI		EWORKS, LLC	
SUBJE	C1:	Name of Limited Liability Company	
The enc	losed Article	s of Amendment and fee(s) are submitted for filing.	
Please re	eturn all con	respondence concerning this matter to the following:	
		Charles D. Johnson	
		Name of Person	
		Sellar, Sewell, Russ, Saylor & Johnson, P.A.	
		Firm/Company	
		907 Webster St.	
		Address	
		Leesburg, FL 34748	
		City/State and Zip Code madkins@907webster.com	
		E-mail address: (to be used for future annual report notification)	
For furth	er informati	on concerning this matter, please call:	
Ben Cou	ınts	352 875-0177 at ()	
	Na	me of Person Area Code Daytime Telephone Number	
Enclosed	l is a check t	or the following amount:	
= \$25 .0	00 Filing Fe	Certificate of Status 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GRADEWORKS, LLC				
(Name of the Limited Liability (A Florida	ty Company as it now appears on o Limited Liability Company)	ur records.)		
The Articles of Organization for this Limited Liability C Florida document number L11000145593 This amendment is submitted to amend the following:		30/11	and assigned	
A. If amending name, enter the new name of the limi	ted liability company here:			
The new name must be distinguishable and contain the words "Limi Enter new principal offices address, if applicable:	ited Liability Company," the designa	tion "LLC" or the abbrev	iation "L.L.C."	_
(Principal office address MUST BE A STREET ADDR	(223)	25	- 1	
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			2 =====================================	
Enter new mailing address, if applicable:		~· ,		
(Mailing address MAY BE A POST OFFICE BOX)			=======================================	
		<u></u>	 	
		40 17	(7)	
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	ered office address on our ress here:	records, enter the	name of the	e new
Name of New Registered Agent:				
New Registered Office Address:				
-	Enter Florida stri	eet address		
		, Florida		
	City	-z	ip 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 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

Title	<u>Name</u>	Address	Type of Action
AMBR	Connie Counts	4300 SE 79th St.	
AMBK			= Add
		Ocala, Fl. 34480	
			□ Remove
			□ Change
	Brooke Counts	5371 SW 20th St.	
AMBR			
		Ocala, FL 34474	
			☐ Remove
			☐ Add
			-1
			Remove
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Filing Fee: \$25.00