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SECRETARY OF STATE

N. Guffger MAY - 6 2014

COVER LETTER

TO: Registration Sect Division of Corpo		
SUBJECT:	DWLC Franchise LLC Name of Limited Liability Company	·
The enclosed Articles of A	mendment and fee(s) are submitted for filing.	
Please return all correspond	dence concerning this matter to the following:	
	Justin R Dai Moi Name of Person	in
	DWLC Franchise,	LLC
	5080 PGA BLVD. Suite	
	Palm Buch Gardin's Fi City/State and Zip Code, JUSTING Thinwork's. C E-mail address: (to be used for future annual repo	33418 om notification)
For further information con	ncerning this matter, please call:	
	Pal Motio at (305) 90 Person Area Code I	75-6203 Daytime Telephone Number
Enclosed is a check for the \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status	\$60.00 Filing Fee, Certificate of Status &
	IG ADDRESS: STREET/Color Section STREET/Color Section	(additional copy is enclosed) OURIER ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2014 NAY -1 PH 12: 52

Du	LC From	onise, LLC	SECKETAR TALLAHASS	Y OF STATE SEELFLORIDA
(Name of the Limite	ed Liability Comp (A Florida Limited	onise LLC pany as it now appears o I Liability Company)	n our records.)	· -
The Articles of Organization for this Limited Li	ability Compan	y were filed on	5/31/2012	and assigned
This amendment is submitted to amend the follo				
A. If amending name, enter the new name of	the limited lia	bility company here	:	
Thin Works Corporate, of the new name must be distinguishable and end with the view of the second se	LLC			
'he new name must be distinguishable and end with the	words "Limited Li	1		
Enter new principal offices address, if applica	able:	N/A	· · · · · · · · · · · · · · · · · · ·	
Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable:		N/A		
Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and/ registered agent and/or the new registered of			our records, <u>enter</u>	the name of the n
Name of New Registered Agent:	_ N/A_			
New Registered Office Address:	N/A	Enter Florida	street address	
			, Florida	N/A Zip Code
		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, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	NA	 	Add
	,		□ Remove
			□ Add
			П.В.
			
			Remove
			<u></u>
			Add
		<u></u>	Remove
			Add
			Remove
-			Add
			☐ Remove

ctive date, if other than	the date of filing:
	the date of filing: (optional) cannot be prior to date of receipt or filed date and cannot be more than 90 days after the Florida Department of State)
late this document is filed by the	e Florida Department of State)
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Page 3 of 3

Filing Fee: \$25.00

