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(Requestor's Name)	_			
(Address)	_			
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(City/State/Zip/Phone #)				
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(Business Entity Name)				
(Document Number)				
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D. BRUCE

COVER LETTER

TO: Registration Section Division of Corpor	n ations			
SUBJECT: MC	Name of Limit	WetWork Company	èrudio ex	(C -\C
The enclosed Articles of Ame	endment and fee(s) are subr	nitted for filing.		
Please return all corresponde	nce concerning this matter t	to the following:		
	marga	Name of Person	· 	
-		Firm/Company		
`	985 S	Address ST		
Ī	Bourlan	City/State and Zip Code	33862	
Ĺ	JOS & SIS CONTRACTOR OF THE CO	be used for future annual report notificati	<u>Moder era</u>	66
For further information conce			Gar	an co
Lang of	muik i	Clat (Area Code & Daytime Te	SECRETARY - 1 Sephone Number	7
Name of Per	rson	Area Code & Daytime Te		F
Enclosed is a check for the fo	ollowing amount:		Y OF STA	m
\$25.00 Filing Fee C	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed	1)
Registration Division of P.O. Box 6	Corporations/	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons · Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ability Company as it now appears on our records. lorida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _____ Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street addr New Registered Agent's Signature, if changing Registered Agent:

If Changing Registered Agent, Signature of New 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 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.

amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•
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wareful someral
Signature of a member or authorized representative of a member
•
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SECRETARY OF STATE