## 113000063586

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C. BRUMBLEY
JUN 3 0 2022

## **COVER LETTER**

TO: Registration S Division of Co			
	Celebr	ale LLC	
SUBJECT:		ed Liability Company	
The enclosed Articles of	of Amendment and fee(s) are subm	nitted for filing.	
Please return all corres	condence concerning this matter to	o the following:	
	M:	Name of Person	2
		Name of Person	
		ADDIWORX LLC Firm/Company	
	139703	Strong Eagle	Dr.
	Ja	ocksonville, F2 3	9996
	Mari @ E-mail address: (10	man worx. CC	Organia (Control of Control of Co
For further information	concerning this matter, please cal		
<u>Manbel</u>		at (904) 770	e Telephone Number
Enclosed is a check for	the following amount:		
☐ \$25.00 Filing Fee	\$30.00 Fiting Fee & Certificate of Status	☐ \$55.00 Filing Fee & 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 Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C'elebrate	e <u> </u>	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	-
The Articles of Organization for this Limited Liability Company Florida document number <u>L1300063586</u> .	were filed on	and assigned
This amendment is submitted to amend the following:		72 <b>77</b>
A. If amending name, enter the new name of the limited liab	i <u>lity company here</u> :	
Mariworx LLC		and assigned  TALLE AND STATE  Congression of the new registered  Tess  Tess
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or th	e addreviation L.L.C
Enter new principal offices address, if applicable:		FLAIR I
(Principal office address MUST BE A STREET ADDRESS)		-10
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	13970 Strong Jacksonville, Fo	Eagle Dr.
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, <u>enter the n</u>	ame of the new registered
Name of New Registered Agent:		·
New Registered Office Address:	Enter Florida street address	
	FI	
<del></del>	, Florida	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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
		<del></del>	□Add
			□Remove
			Change
			□Add
			□Remove
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	<del></del>		□Add
			□Remove
			□ Change

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	·
If an e	tive date, if other than the date of filing:  (optional)  (flective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.
e reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed. $M\partial \mathcal{L}_1$
Dated	
	Signature of a member or autitorized representative of a member
	organiture of a member of authorized representative of a member

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