# L13000106493

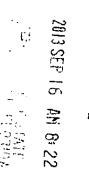
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J. SAULSBERRY EXAMINER SEP 18 2013

## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: Willing 2 Work, LLC

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:

Cathy Clark

Name of Person

Willing 2 Work, LLC

Firm/Company

4815 Kathy Jo Terrace

Address

Orlando, FL 32808

City/State and Zip Code

csyd0038@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cathy Clark

407, 509-8969

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□\$30.00 Filing 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/COURIER ADDRESS:

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Willing 2 Work, LLC				
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our record d Liability Company)	<u>ds.</u> )		
The Articles of Organization for this Limited Liability Compa	any were filed on 07/28/2013		and assig	gned
Florida document number L13000106493				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited l	iability company here:			
The new name must be distinguishable and end with the words "L. L.C."	imited Liability Company," the designation	ation "LLC"	or the ab	breviation
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>			
		*	29	
		- 7	S S	
Enter new mailing address, if applicable:			i.e.	- 1
			<del>-6</del>	
(Mailing address MAY BE A POST OFFICE BOX)			<b>2</b>	, <del>, , , , , , , , , , , , , , , , , , </del>
			<u></u>	
		42	N. 3	
B. If amending the registered agent and/or registered		enter thé i	namecof	the nev
registered agent and/or the new registered office address l	nere:			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida str	eet address		
	. Flor	ida		
•	City		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 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.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Cathy Clark	4815 Kathy Jo Terrace	<b>✓</b> Add
		Orlando, FL 32808	Remove
			Remove
			Add
			Remove
		•	Remove SSP 16
	<u> </u>		Add
			_
			Add

lfam	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
d	September 10 , 2013.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00