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(Re	questor's Name)	
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COVER LETTER

TO:	Registration Section Division of Corpor				
SUBJE	ECT:	MindWo	rk Solutions, LLC		
		Name of Limi	ted Liability Company		
The en	closed Articles of Am	nendment and fee(s) are sub-	mitted for filing.		
Picase	return all corresponde	ence concerning this matter	to the following:		
		Leslie D. Thomas I	Mitchell Name of Person		
		MindWork Solution			
			Firm/Company		
		1317 Edgewater D			
			Address		
		Orlando, FL 32804	4		
			City/State and Zip Code		
		leslietmitchell@at			
	_	E-mail address: (to be used for future annual report notific	ation)	
For fur	ther information cond	erning this matter, please co	all:	3 7	i z
_Lesl	ie D. Thomas Mit	chell	at (<u>954</u>) 612-9530 Area Code Daytime	Telephone Number 900 P	į.
	Name of Pe	erson	Area Code Daytime	relephone Number 9955 FL	ز
Enclos	ed is a check for the f	ollowing amount:		ATE ATE	
9 2	5.00 Filing Fee	S30.00 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:		Street Address:		

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

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

MindWo	rk Solutions, LLC		
ed Liability Cor (A Florida Limit	mpany as it now appears ted Liability Company)	on our records.)	
			and assigned
лаонну Сопір	ally were filed on	12/11/2015	and assigned
owing:			
f the limited l	iability company her	<u>e</u> :	
words "Limited L	liability Company," the des	signation "LLC" or the a	obreviation "L.L.C."
able:	N/A		
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_	ice address on our re	cords, enter the han	ie ut the new register
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N/A	· · · · · · · · · · · · · · · · · · ·		<u> </u>
N/A			
	Enter Florid	da street address	
		, Florida	
	Ciny		Zip Code
Registered Age	ent:		
ed agent and	agree to act in this c	apacity. I further as	rree to comply with ti
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	ind Liability Co. (A Florida Limital Liability Composition owing: If the limited Liability Composition owing:	iability Company were filed on owing: f the limited liability company here words "Limited Liability Company." the descable: N/A N/A N/A N/A Enter Florid City Registered Agent: ed agent and agree to act in this columns.	industrial Liability Company as it now appears on our records. (A Florida Limited Liability Company) Liability Company were filed on 12/11/2013 Owing: f the limited liability company here: words "Limited Liability Company." the designation "LLC" or the all cable: N/A N/A Enter Florida street address Florida City

N/A

company has been notified in writing of this change.

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

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
MGR_	Leslie D. Thomas Mitchell	1317 Edgewater Dr.	
		5779	Remove
		Orlando, FL 32804	
AMBR_	JADO Enterprises Inc.	1317 Edgewater Dr.	dd
		5779	□Remove
		Orlando, FL 32804	
			□ Add
			S PRemove
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			□Change
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			Change
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ecti	ve date, if other than the date of filing: N/A (optional)		
ı effi <u>te:</u>	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Purs If the date inserted in this block does not meet the applicable statutory filing requirements, this date will ent's effective date on the Department of State's records.		
cor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90t	h day afte	er the
is fil	ed.		
ed	November 15 , 2023 .		
	Signature of a member or authorized representative of a member		