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(Re	equestor's Name)			
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(Cit	ty/State/Zip/Phone	; #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
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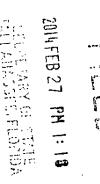
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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

WORKMAN TECH. SOLUTION, 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:

BRETT R. WORKMAN

Name of Person

WORKMAN TECH SOLUTION, LLC

Firm/Company

1525 BUCKEYE FALLS WAY

Address

ORLANDO, FL. 32824

City/State and Zip Code

BRETTWORKMAN@ME.COM

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

For further information concerning this matter, please call:

CRYSTIN N. WORKMAN

.,407、970-848

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

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□ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

Section 1 Section 1 Section 2 Sectio

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

WORKMAN TECH. SOLUTION, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 2/17/2014 and assigned Florida document number L14000027013 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: **WORKMAN TECH SOLUTIONS, LLC** The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 registered agent and/or the new registered office address here: 2 Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida 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

Page 1 of 3

Authorized Member being added or removed from our records: MGR = Manager AMBR = Authorized Member Type of Action Address <u>Title</u> <u>Name</u> DbA 🗖 _□ Remove □ Add ☐ Remove □ Add ☐ Remove LALLARAS Add Remove. □ Add □ Remove □ Add ☐ Remove

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or

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	cer information, enter chan	Sets) bere: (succ) addition	Grad Seets (pecessor	
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E Effective date. If other the checked date and be specified as a sum be specified as a	on the date of filing:			
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