L14000164616

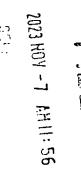
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COVER LETTER

TO: Registration S Division of Co						
	IVESTMENTS LLC					
SUBJECT:	Name of Litt	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspondent	ondence concerning this matter	to the following:				
	Michelle Cangialosi					
		Name of Person	· · · · · · · · · · · · · · · · · · ·			
	Worthmann LLC					
		Firm/Company				
	17810 NW US Highway 4	17810 NW US Highway 441 Address				
	High Springs, FL 32643					
		City/State and Zip Code				
	michelle@worthmannroofii E-mail address; (ng.com to be used for future annual report no	ptification)			
For further information of	concerning this matter, please c	-				
Michelle Cangialosi		954 422-3328 at ()				
Name o	of Person	Area Code Dayti	ime Telephone Number			
Enclosed is a check for t	he following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Addre	<u>ss:</u>	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

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(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 $\frac{10/22/2014}{10/22/2014}$ and assigned Florida document number L14000164616 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: WORTHMANN LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 17810 NW US Highway 441 Enter new principal offices address, if applicable: High Springs, FL 32643 (Principal office address MUST BE A STREET ADDRESS) 17810 NW US Highway 441 Enter new mailing address, if applicable: High Springs, FL 32643 (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 address

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.

City

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
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			□Remove
			Change
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ffective date, if other than the an effective date is listed, the date mulote: If the date inserted in this bocument's effective date on the E	st be specific and c lock does not me	annot be prior to et the applicab	date of filing or mole statutory filing	(option ore than 90 days after fig g requirements, this	ling.) Pursuant to 605.0207
record specifies a delayed effective is filed.	ve date, but not a	n effective tim	e, at 12:01 a.m. (on the earlier of: (b)	The 90th day after the
ated October 31	<u> </u>	2023	_ •		
Y	>				
			zed representative		

Typed or printed name of signee