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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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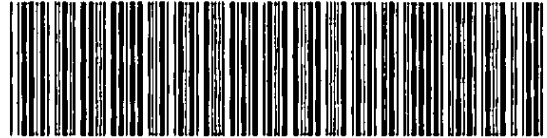
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 APR 15 AM 9:21

T. MATTHEWS

MAY 19 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RackWorks 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:

Chad Breier
Name of Person

Firm/Company

8128 Aldwick Circle
Address

New Port Richey, FL 34668
City/State and Zip Code

Rackworks727@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hayla Morgan at (727) 655-7059
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 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**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

RackWorks LLC

22 APR 15 AM 9:21

(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 01/27/2015 and assigned Florida document number 47-2962940

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

8128 Alnwick Circle
New Port Richey, FL
34668

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8128 Alnwick Circle
New Port Richey, FL
34668

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:

Chad Breier

New Registered Office Address:

8128 Alnwick Circle

Enter Florida street address

New Port Richey Florida 34668

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.

Chad R
If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Marvin Daniels	13543 Cherry Tree Ln	<input type="checkbox"/> Add
		Thonotosassa, FL	<input checked="" type="checkbox"/> Remove
		33592	<input type="checkbox"/> Change
AMBR	Chad Breier	8128 Alnwick Circle	<input checked="" type="checkbox"/> Add
		New Port Richey, FL	<input type="checkbox"/> Remove
		34468	<input type="checkbox"/> Change
AMBR	Joshua Daniels	13539 Cherry Tree Ln	<input checked="" type="checkbox"/> Add
		Thonotosassa, FL	<input type="checkbox"/> Remove
		33592	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective 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 (3)(b)

If the record 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 record is filed.

Signature of a member or authorized representative of a member

Marvin S. Daniels
Typed or printed name of signee