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SECRETARY OF STAFF DIVISION OF CORPORATION

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N COOPER JUN 2 5 2018

COVER LETTER

TO:	Registration Sec Division of Corp			
end it	Gazaways J	ob Well Done LLC		
SUBJE	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Stephen Gazaway		
			Name of Person	
		Gazaways Job Well Done	LLC	
			Firm/Company	
		940 Winding Oaks Drive		
			Address	· · · · · · · · · · · · · · · · · · ·
		Palm Harbor, FL 34683		
			City/State and Zip Code	
		E-mail address: ()	to be used for future annual report notif	ication)
For furtl	ner information co	oncerning this matter, please ca	all:	
David E	Ovorak, CPA		727 330-5837 at ()	
	Name of	(Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	ne 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)
		ING ADDRESS: ation Section	STREET/COURING Registration Section	

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

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gazaway's Job Well Done LLC		
(<u>Name of the Limited Liability</u> (A Florida	v Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on <u>04/13/2015</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ited Liability Company," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	م <u>ك</u> ــــــــــــــــــــــــــــــــــــ
		<u> </u>
		; 55
Enter new mailing address, if applicable:		T CRES
(Mailing address MAY BE A POST OFFICE BOX)		
		1 7
B. If amending the registered agent and/or regist	·	he name of the nev
registered agent and/or the new registered office addr	ress here:	
		, <u>9</u>
Name of New Registered Agent:		
New Registered Office Address:		<u> </u>
	Enter Florida street address	まで温暖
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered		20
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete performance of my duties, and I am fa tent as provided for in Chapter 605, F.S. Or, ij	miliar with and this document is

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>	Address	Type of Action
MGR	Emma Gazaway	940 Winding Oaks Drive	& Add
		Palm Harbor, FL 34683	_□ Remove
			Change
			Add
			□ Remove
			□ Change
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i an eii <u>Note:</u>	ive date, if other than the date of filing:	05.02 sted :
ocum	ent's effective date on the Department of State's records.	
	cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earl 90th day after the record is filed.	ier
ated	June 20 2018	
•	David August	1141910.
	Signature of a member or authorized representative of a member)_ \
	· ``	4×~

Page 3 of 3

Filing Fee: \$25.00