

L1500083907

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

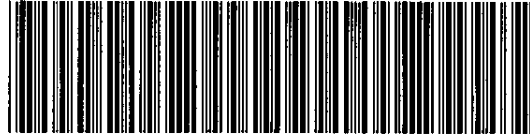
(Business Entity Name)

(Document Number)

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15 JUN 15 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 16 2015

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: It work adventures
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:

Aleisha Iamaio
Name of Person

1 + WORKS
Firm/Company

773 Coachlight Dr.
Address

Fern Park FL 32730
City/State and Zip Code

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

For further information concerning this matter, please call:

aleisha Iamaio at (321) 945-2417
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FL
SECRETARY OF STATE

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

17 work adventures 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 May 12 and assigned
Florida document number L 15000083907

This amendment is submitted to amend the following:

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

SKINNY wrap adventures LLC

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:

NA

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

NA

(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:

NA

New Registered Office Address:

Enter Florida street address

City

Florida

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.

NA
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> |
|--------------|-------------|---------------------------------------|---------------------------------|
| MGR | Matt Iamajo | 173 Coachlight Dr. Fern Park FL 32730 | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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JUN 17 2013
CLERK OF COURT
JULIA A. HARRIS
CLERK OF COURT

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated June 11 2015

Leisha Jamais

Signature of a member or authorized representative of a member

Aleisha Iamaio

Typed or printed name of signee

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TALLAHASSEE, FLORIDA