L160000 26929

(Pa	questor's Name)			
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Certified Copies Certificates of Status				
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COVER LETTER

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:	
Robert Pennell Name of Person	
Base Worx IIC Firm/Company	
651 Grand Ave Address	
DeLand FL 32720 City/State and Zip Code	
basewor * 11 ce gmail Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Robert Pennell at (386) 7489917 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & \Bigcup \\$55.00 Filing Fee & \Bigcup \\$60.00 Filing Fee, Certificate of Status \$\Bigcup \\$ (additional copy is enclosed) \$\Bigcup \\$ (additional copy is enclosed) \$\Bigcup \\$ (additional copy is enclosed)	

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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

(Name of the Limite	d Liability Company as it now appears on our records.)			
	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)			
The Articles of Organization for this Limited Lia	ability Company were filed on 01-27-2016	an	d assign	ed
Florida document number <u>L160000 269</u>	29		-	
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liability company here:			
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC" or the ab	obreviatio	n "L.L.C	75
Enter new principal offices address, if applical	ble:			
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	<u>ox</u>)			
		1 .		
		([[_ 	
B. If amending the registered agent and/or	r registered office address on our records, enter	the na	me of	the. nev
registered agent and/or the new registered offi		<i>S</i> 2.5.		12
		السار مارسان	-8	4 7 1
Name of New Registered Agent:			3	Emilian.
- The state of the		- 13 55	Ÿ	
New Registered Office Address:				
	Enter Florida street address	al e		
	, Florida			
	City	Zin C	ode	· — —

New Registered Agent's Signature, if changing Registered Agent:

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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

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> **Name Address Type of Action** 651 Grand Ave Deland DAdd Sarah Pennell MGR ☐ Change □ Add ☐ Remove ☐ Change ☐ Remove ___ __ Chan**æ** SEC. J. Change □ Add ☐ Remove _□ Change ☐ Add ☐ Remove

☐ Change

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	LOR
	
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effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date at: If the date inserted in this block does not meet the applicable stament's effective date on the Department of State's records.	(optional) of filing or more than 90 days after filing.) Pursuant to 605,0207 atutory filing requirements, this date will not be listed as
ecord specifies a delayed effective date, but not an e ie 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlier of
d 07 /06 , 2016.	·
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Page 3 of 3

Filing Fee: \$25.00