(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





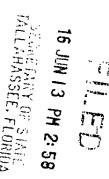
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COVER LETTER

Division of Corp	orations		
SUBJECT: G(MEWORX HC		
	Name of Limit	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	Lyoia D. Al	<u>manist</u>	***************************************
	J	Name of Person	
	Lypia D. AI GOMEWOR	XHC	
		Firm/Company	
	10014 Willia	ms Pd.	
		Address	
	Tema EL	33624	
•	_	City/State and Zip Code	
	E-mail address: (t	Mail. COM o be used for future annual report notifi	ication)
For further information co	oncerning this matter, please ca		
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hybia K.	4)MQuist	at (<u>813</u>) <u>53) -5</u>	C 33
raine of	1 010011	20,	
Enclosed is a check for th	e 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:

TO:

Registration Section

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

<u> </u>	•				
(Name of the Limite	ed Liability Compa (A Florida Limited)	ny as it now appears on ou Liability Company)	r records.)		
The Articles of Organization for this Limited Lia	ability Company	were filed on 05 \	27/2016	_ and assigned	
Florida document number _\lo 00010\	1455		•		
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liab	ility company here:			
The new name must be distinguishable and contain the wo	ords "Limited Liabi	lity Company," the designation	on "LLC" or the abbre	viation "L.L.C."	.
Enter new principal offices address, if applica	ible:				_
(Principal office address MUST BE A STREET	T ADDRESS)		25.6		_
				<u> </u>	_
			SX	parenter -	
Enter new mailing address, if applicable:			(X) (円)	<u>υ</u>	
(Mailing address MAY BE A POST OFFICE B	3 <i>0X</i>)		77	- 	
			OR ID	∑ cn	
			D'A	. (3)	
B. If amending the registered agent and/oregistered agent and/or the new registered off			ecords, <u>enter the</u>	e name of the	nev
Name of New Registered Agent:	Lyoia S	2. Almanist			
New Registered Office Address:	·				_
		Enter Florida stree	t address		
			, Florida		_
		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.

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 **Type of Action Title Name Address** Lawrence G. Gromes Sl MGR ☐ Add 10014 Williams Rt. Tanpa FL 33624 Memore ☐ Change LyDiA R. Almquist MGR 10014 Williams Rl. TampaFL33/21 □ Remove ☐ Change □ Add ☐ Remove 5 Change HASSEE. F Remove-☐ Change □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove

☐ Change

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ective date, if other than the date of filing: a effective date is listed, the date must be specific and cannot be	prior to date of filing or more	(option than 90 days after fi	ling.) Pursuant to 605	5.02
te: If the date inserted in this block does not meet the apument's effective date on the Department of State's rec		equirements, this c	iate will not be list	ea a
record specifies a delayed effective date, but the 90th day after the record is filed.	t not an effective tim	ne, at 12:01 a.	m. on the earli	er
Tune 10, 20 Ryska h. Wyww. Signature of a member or	le.			
Quality a a amount	d			
Signature of a member of	N authorized representative of	a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00