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COVER LETTER

SUBJECT: W	Name of Lim	WORKS, LLC	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Wesley	Whitehurs Name of Person	
	Whitehurs	S+ WCTKS, LL	<u>C</u>
	451 Gary	Rowell Rd.	
	Wewahitch	NKQ FL 3244 City/State and Zip Code	5
	1964 5 Start	Gankline Inail. To be used for future anythal report notifi	COM
For further information c	oncerning this matter, please ca	ıll:	
Wesley Whith	ehur 5+ Person	at (850) 349 - Area Code Daytime	7447 Telephone Number
Enclosed is a check for the	te following amount:		
S25.00 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

TO:

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

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 add or removed from our records:				
MGR = Ma AMBR = Au	anager uthorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action	
<u>AMBR</u>	Adam J. Whitfield	709 Woodward Ave. Port St. Joe, FL 32456	(NA)(d	
		Port St. Joe, FL 32456	□ Remove	
			O Change	
*****			Add	
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	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	······································
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Note:	ive date, if other than the date of filing: 2019 (optional) fective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
docun	ient's effective date on the Department of State's records.
ne red The	cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of 90th day after the record is filed.
Dated	June 11 . 2019.
	Signature of a member or authorized representative of a member
	•

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Filing Fee: \$25.00