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COVER LETTER

FO: Registration Section Division of Corpor			
SUBJECT: /)	nurst Works	ed Liability Company	
The enclosed Articles of Am	endment and fee(s) are subn	nitted for filing.	
Please return all corresponde			
	WesleyW	Name of Person	
	Whitehorst	Firm/Company	
	451 Gary	Lawall Rol.	
Ť	Wewahitch he		Win@Icloud.com
For further information conc	eerning this matter, please ca	ill:	_
Wesley White	hust	at (<u>Z50</u>) <u>348</u> - Area Code Daytime	Telephone Number
Enclosed is a check for the f	following amount:		
可念25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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: New Registered Office Address: Enter Florida street address

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 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		2021 A	PA -	
<u>Title</u> <u>Name</u>		Address	PR-5 PH12: 04	Type of Action
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AMBA Michael	Diningo	69 01	d Trapsfer Rd	Z-Add
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ote: If the date	f other than the dat is listed, the date must be inserted in this block tive date on the Depar	loes not meet th	e applicable stat	filing or more than 9 utory filing require	(optional) 0 days after filing.) Pu ments, this date wi	ursuant to 605.0207 (If not be listed as th
record specifies Lis filed.	a delayed effective da	e, but not an eff	ective time, at 1	2:01 a.m. on the ea	rlier of: (b) The 9	Oth day after the
ated <u>4-5</u>	<u>-})</u>					
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