## 217000043809

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## **COVER LETTER**

Division of C						
The Wor	ks Maintenance LLC.					
Name of Limited Liability Company						
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.				
Please return all corres	pondence concerning this matter	to the following:				
	David C Geisel					
		Name of Person				
	The Works Maintenance I	LLC.				
		Firm/Company	······································			
	48 Westgrill Dr.					
		Address	<del></del>			
	Palm Coast FL. 32164					
		City/State and Zip Code				
	daveg33.dg@gmail.com					
	E-mail address: (	to be used for future annual report notif	fication)			
For further information	concerning this matter, please c	ali:				
David C Geisel		386 225-6186				
Name	e of Person	Area Code Daytime	e Telephone Number			
Enclosed is a check for	the 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:** 

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

The Works Maintenance LLC.						
( <u>Name of the Limited Liability C</u> (A Florida Lir	company as it now appears on our mited Liability Company)	records.)				
he Articles of Organization for this Limited Liability Com	pany were filed on 2/24/17	and assigned				
lorida document number L17000043809						
his amendment is submitted to amend the following:						
. If amending name, enter the new name of the limited	l liability company here:					
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation	1 "LLC" or the abbreviation "L.L.C."				
nter new principal offices address, if applicable:						
Principal office address MUST BE A STREET ADDRES	<u> </u>					
	<del></del>	; ·				
		7				
nter new mailing address, if applicable:		<b>3</b> 3.				
Mailing address MAY BE A POST OFFICE BOX)						
		51 🏚 🗁				
. If amending the registered agent and/or register		ecords, enter the hame of the				
egistered agent and/or the new registered office address	s here:	• *				
Name of New Registered Agent:		······································				
New Registered Office Address:						
	Enter Florida street	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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AR	Thomas K Wagner	15 Winthrop Ln. Flagler Beach FL.	□ Add
			■ Remove
			☐ Change
AMBR	David C Geisel	48 Westgrill Dr. Palm Coast FL. 32	□ Add
			☐ Remove
			☐ Change
			□ Remove
			□ Citinge
	**************************************	<del></del>	Add Add
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Filing Fee: \$25.00