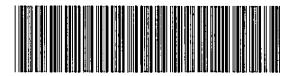
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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| Special Instructions to Filing Officer: |
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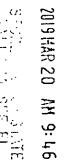
Office Use Only

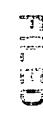


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COVER LETTER

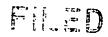
| TO: | Registration Se Division of Cor | | • | |
|----------------|------------------------------------|--|---|---|
| C1:D1 | WORKHO | USE, LLC | | |
| 3065 | ECT | Name of Lim | ited Liability Company | · |
| The er | nclosed Articles of | Amendment and fee(s) are sub | Name of Limited Liability Company ent and fee(s) are submitted for filing. boncerning this matter to the following: topher R Work Name of Person Firm/Company W Lake Mary Blvd. 1010 #128 Address Mary, FL 32746 City/State and Zip Code ewrkhouse.com E-mail address: (to be used for future annual report notification) et this matter, please call: at (407 | |
| Please | return all correspo | ndence concerning this matter | to the following: | |
| | | Christopher R Work | | |
| | | | Name of Person | |
| | | | • • | - |
| | | 4300 W Lake Mary Blvd, I | 1010 #128 | |
| | | . | Address | |
| | | Lake Mary, FL 32746 | | |
| | | chris@wrkhouse.com | City/State and Zip Code | |
| | | E-mail address: (9 | to be used for future annual report notifi | cation) |
| For fu | rther information c | oncerning this matter, please ca | all: | |
| Christ | opher R Work | | 407 6376271 at () | |
| Name of Person | | | Area Code Daytime | Telephone Number |
| Enclos | sed is a check for th | ne following amount: | | |
| ■ \$2 | 5.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Fiting 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



2019 HAR 20 AH 9: 45

| WORKHOUSE, LLC | | | \$ 324 | SOME |
|--|---|---|---------------------------|-----------------------|
| (Name of the Limit | ted Liability Compa (A Florida Limited | iny as it now appears Liability Company) | on our records: | <u>បទិតិដីក្រុំ</u> L |
| The Articles of Organization for this Limited L Florida document number $\frac{L17000055469}{L17000055469}$ | iability Company | were filed on $\frac{0.3/6}{6}$ | 09/2017 | and assigned |
| This amendment is submitted to amend the foll | owing: | | | |
| A. If amending name, enter the new name o | f the limited liah | ility company her | <u>re</u> : | |
| The new name must be distinguishable and contain the w | ords "Limited Liabi | lity Company," the de | signation "LLC" or the ab | obreviation "L.L.C." |
| new name must be distinguishable and contain the words "Limited Eter new principal offices address, if applicable: incipal office address MUST BE A STREET ADDRESS | able: | 4300 W Lake Mary Blvd, 1010 #128 | | |
| (Principal office address MUST BE A STREET ADDRESS) | | Lake Mary, FL 32746 | | |
| | | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 4300 W Lake Mary Blvd, 1010 #128 | | |
| | | Lake Mary, FL 3 | 2746 | |
| B. If amending the registered agent and/ registered agent and/or the new registered of | | | our records, enter | the name of the nev |
| Name of New Registered Agent: William Glen | | Roy, Jr. | | |
| New Registered Office Address: | 411 West Centi | ral Parkway | | |
| | | Enter Flori | da street address | |
| | Altamonte Spri | | Florida 32 | 714 |
| | | 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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

| <u>Title</u> | Name | Address | Type of Action |
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| ffective o | ate, if other than the date date is listed, the date must be s | e of filing: | alian and cotton | (0 | ptional) | 405.0305 |
| ote: It'th | e date inserted in this block of effective date on the Depart | does not meet the app | plicable statutory f | lling requirements. | this date will not be | listed as |
| | cheenve date on me Depart | inent of state s reco | ius. | | | |
| | | | | | | arlier o |
| ocument's | specifies a delayed eff | fective date, but | not an effectiv | e time, at 12:0 | 1 a.m. on the ea | arrier of |
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Page 3 of 3

Filing Fee: \$25.00