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(Re	questor's Name)	
————(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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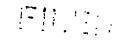
Division of Corpor			
SUBJECT:	MARTI Name of Limit	WORX L	LC
		<i>, , ,</i>	
The enclosed Articles of Am	endment and fee(s) are subm	sitted for filing.	
Please return all corresponde	ence concerning this matter to	the following:	
	Jose	Ph H. Martin Name of Person	
	Mart,	Name of Person N WORX LLC Firm/Company	
	856 NE	Address Address	<u></u>
-	Starke Joseph Rubail address: (10	F1. 32091 City/State and Zip Code martin 628@g be used for future annual report of	mail.com
For further information conc	erning this matter, please cal		
		at (<u>904)</u> <u>769</u> Area Code Dayti	me Telephone Number
Enclosed is a check for the fo	ollowing amount:		
S \$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



Martina	JOIX L	LC nnears on our	2010 NGV 13 P 1: 31
(A Florida	ty Company as it now a a Limited Liability Comp	any)	Con
The Articles of Organization for this Limited Liability C Florida document number	Company were filed o	on May	07,2018 and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability compa	ny here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company,	the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	 		
(Principal office address MUST BE A STREET ADDI	RESS)	<u></u>	
			
Enter new mailing address, if applicable:			<u></u>
(Mailing address MAY BE A POST OFFICE BOX)			
			
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office addre lress here:	ss on our r	ecords, enter the name of the new
Name of New Registered Agent:	-		
New Registered Office Address:			
_	Ent	er Florida street	t address
	City		, Florida
	Ciry		ър Соас

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 Address** Title 1 Name 1 MGR Julie K. Martin 856 NE 154th Way Starke, Fl. 32091 Remove _ Change _□ Add ☐ Remove ☐ Change □ Add □ Remove _ Change _□ Add ☐ Remove _____ Change _D Add ☐ Remove _□ Change □ Add ☐ Remove

☐ Change

If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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lf an eff Note:	ive date, if other than the date of filing:
	ord 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	November 8th. 2018
	Signature of a pember or authorized representative of a member
	Joseph H. Martin Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00