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### **COVER LETTER**

TO: Registration Section Division of Corp			
SUBJECT: Moof	Name of Limi	LL C ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	nitted for filing.	
Please return all correspon-	dence concerning this matter (	to the following:	
	Bun Dr	Name of Person	<del></del>
	Manchel Dann	M FITCSIMMONS He Firm/Company	witt & (a.m
	100 S. AS.	Aldress Suite 11	100
	Tampa, F.	City/State and Zip Code	
	B55 @ A E-mail address: (t	nan fitzlaw. con o be used for future annual report notific	1 cation)
For further information cor	ncerning this matter, please ca	II:	
Ben Strav Name of	n 7/ Person	at (813) 331-6 Area Code Daytime	⊃ ≻ O Ø Telephone Number
Enclosed is a check for the	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 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

Wooks and Tweets LL	. C	
Wooks and Tweets LL (Name of the Limited Liability Comp. (A Florida Limited)	any as it now appears on our recor Liability Company)	rds.)
The Articles of Organization for this Limited Liability Company	,	
Florida document number <u>L18000151985</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		19
		THE TOTAL TO
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	·	
3. If amending the registered agent and/or registered of		ds, enter the name of the nev
registered agent and/or the new registered office address her	<u>e</u> :	
Numa of Nau Busistand Agents		
Name of New Registered Agent:		
New Registered Office Address:	12 12 1	
	Enter Florida street addre	ess
	, F	Florida
	Cift	zip Coae

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>	Address	Type of Action
MOR	Ben Stranzl	21758 Cubride Loop	🗆 Add
		Lutz, Fc 33549	⊠ Remove
			Change
	<del></del>		
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			Change
	<del> </del>	Add	
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). If amending any other	r information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effective date is listed, t Note: If the date inserted	than the date of filing:
f the record specifies a b) The 90th day after	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: r the record is filed.
Dated	<u> </u>
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
Bun	Stran71 - Attorney of Record Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00