

L18000231123

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Melanie Milletres. 12

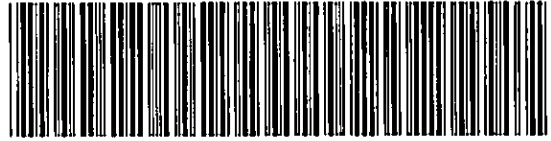
ATTENTION: PAY ATTENTION TO

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DATE 11/19/18

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18 NOV 19 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BL VORISEK

NOV 19 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mindwork LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Melanie Miletics
Name of Person

Mindwork LLC
Firm/Company

5831 Main St
Address

New Port Kichy FL 34654
City/State and Zip Code

melanie@mindworkco.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melanie Miletics at (813) 505-2403
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

Vorisek, Brenda

From: Vorisek, Brenda
Sent: Thursday, November 15, 2018 2:48 PM
To: 'melanie@mindworxco.com'
Subject: Articles of Amendment Form for MINDWORX LLC (L18000231123)

Good Afternoon, Ms. Milletics:

Please click on the following link to download the appropriate form:

<http://form.sunbiz.org/pdf/cr2e049.pdf>

Please return the completed form to me via email.

Thank you,

Brenda L. Vorisek

Brenda L. Vorisek, Director

Division of Corporations

Direct Dial: 850.245.6911

Fax: 850.245.6014

Email: Brenda.Vorisek@DOS.MyFlorida.com

Mailing Address: P.O. Box 6327, Tallahassee, FL 32314

Physical/Courier Address: 2661 Executive Center Cir., Clifton Bldg., Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Mindwork LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 NOV 19 PM 1:19

FILED

The Articles of Organization for this Limited Liability Company were filed on 7/13/18 and assigned
Florida document number 418 00023 1123.

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)

5831 Main St
New Port Richey FL
34654

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 registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

5831 Main St

Enter Florida street address

New Port Richey Florida 34654

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 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.

Michael Miller

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>	<u>Type of Action</u>
C MGR	Melissa Scotch	9625 Casey Dr	<input type="checkbox"/> Add
		Newport Ridge FL 34624	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 11/16/ . 2018

W. L. L. L. L.
Signature of member or authorized

Signature of a member or authorized representative of a member

Melanie Millett
Typed or printed name of sign