118000292027

(Requ	estor's Name)	
(Addre	ess)	
(Addr	ess)	 -
(City/S	State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Nam	ne)
(Docu	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fil	ing Officer:	

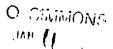
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COVER LETTER

TO:	Registration Sect Division of Corpo		•	•
SUBJI	ECT:	Name of Limit	Worx5 LLC ted Liability Company	<u>, </u>
The en	closed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please	return all correspond	dence concerning this matter t	o the following:	
		Dav Mu	Name of Person A Worx LLC Firm/Company	
		13839 (Address Circle	<u> </u>
		Orla	indo FL 328 City/State and Zip Code Ud Worx floogs	28 ma'l.com
For fur	ther information con	E-mail address: (to scerning this matter, please ca	o be used for future annual report notification	ation)**
	Name of F	ilen	at (407) 860-	1523 Telephone Number
Enclus	ed is a check for the	following amount:		
D \$2:	5.00 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)
		G ADDRESS:	STREET/COURIER Registration Section	R ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mud Wor	XS LLO	-10-
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number <u>LIX 0002920</u> 2		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	X LLC	ha akhraviation "I I C"
The new name must be distinguishable and contain the words "Limited Liat	nility Company. The designation Dr.C or ii	ne andreviation (L.L.C.
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		-
		<u> </u>
		<u>, </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
	City	лр Соае

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			Add
			□ Remove
			☐ Change
			□ Remove
			☐ Change
			∸ □ Add
			Remove
			, U1 ☐ Change
		 	□ Remove
			□ Change
			□ Remove
			Change
			Add
			Remove
			☐ Change

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	:
	ة ان
fective date, if other than the date of filing:	
record specifies a delayed effective date, but not an effective the 90th day after the record is filed.	time, at 12:01 a.m. on the earlier
red <u>December 30. 2018</u> .	
Signature of a member or authorized representative	of a member

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Filing Fee: \$25.00