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Amend

JUN 2 4 7019

ALBRITTON

COVER LETTER

FO: Registration Section Division of Corporations
FWOYKS 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:
Sasha L. Eastburn, Esg Name of Person
Eastburn Law Firm, PA
31 Birmingham St.
Savta Rosa Beach, FL 32459 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (85) 240-3335 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & \Bigcup \\$55.00 Filing Fee & \Bigcup \\$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section STREET/COURIER ADDRESS: Registration Section

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

1) - hby/<	, 11 <i>C</i>	
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appear Liability Company)	s on our records.)
(, , , , , , , , , , , , , , , , , , , ,	1 11.2019
The Articles of Organization for this Limited Liability Compan	y were filed on	and assigned
(Name of the Limited Liability Company as It now appears on our records.) (A Florad Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on		
the Articles of Organization for this Limited Liability Company were filed on		
A. If amending name, enter the new name of the limited lia	bility company he	<u>re</u> :
The new name must be distinguishable and contain the words "Limited Liab	Organization for this Limited Liability Company were filed on	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		2019
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		2
registered agent and/or the new registered office address ne	<u>re</u> :	-
Name of New Registered Agent:		
New Registered Office Address:	Enter Flor	ida street address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>	

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Joshua Allved	2023 Forest Ave.	
		Parama City, FL 3240	25 Remove
			Change
	·		
			Remove
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n effecti o <mark>te:</mark> If t	tive date, if other than the date of filing:	to 605.0207 c listed as
record The 90	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the e Oth day after the record is filed.	earlier of
ed	5/28 19	
	· And soll The	
	Signature of a member or authorized representative of a member	_

Page 3 of 3

Filing Fee: \$25.00