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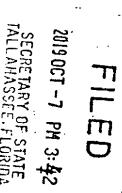
(Re	questor's Name)	
- (Ad	dress)	
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(Cit	y/State/Zip/Phone i	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to		

Office Use Only



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A SHIKEB

OCT 2 , 2013

COVER LETTER

Division of Cor	rporations	•	
SUBJECT: WE	TRKZ. TODA	1 LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Mark I	-sham	
		Name of Person	
	Weskz. Too	lay LLC	
		Firm/Company	
	411 Waln	nt Street #	16050
	Green Co.	1e Springs FL City State and Zip Code	32043-3443
	2211	City State and Zip Code	
	MISHAMULO	to be used for future annual report note	
			neation)
For further information e	concerning this matter, please ca	att:	
Mark I	-sham	at (<u>850)</u> 4/20- Area Code Daytim	6348
Name o	r Person	Area Code Daytim	e Telephone Number
Finclosed is a check for the	he following amount:		
≰ \$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:

TO:

Registration Section

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

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WERKZ	TODAY	1.1	(

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

The Articles of Organization for this Limited Liability Company were filed on $\frac{03/14/2019}{1900083986}$ and assigned

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 ADDRES)	411 Walnut Street # 16050 Green Cove Springs F1 32043- 3443
Enter new mailing address, if applicable:	Green Cove Springs Fl 32043-344
(Mailing address MAY BE A POST OFFICE BOX)	Green Cove Springs F1 32043-344
B. If amending the registered agent and/or register	red office address on our records, enter the name of the new
registered agent and/or the new registered office addres	ss here:
Name of New Registered Agent:	
New Registered Office Address: 4/11 b	Valout Street # 16050 SA 15 Enter Florida street address
Green	Cove Springs Florida 32043-3443 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 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>Tiţle</u>	<u>Name</u>	Address	Type of Action
MGR	Mark A. Isham	411 Walnut Street # 16050	SÍ Add
		Green Cove Grinss Fl 32043	□ Remove
			🗖 Change
AMBR	Sian, R.R. useri	145 Price Hills C+	🖸 Add
		Sugar H.11 Ga 30518	□ Remove
			t \(\sqrt{Change}\)
AMBR Andrew D. Paul	Andrew D. Paul	50 Mary Lane	
		Senta Rosa Breach Fl 32419	Remove
			Change
			🗖 Add
			□ Remove
			Change
 		— 	□ Add
			Remove
			Change
			□ Add
		 	_□ Remove
			_□ Change

,	
•	
E. Effect	ive date, if other than the date of filing:(optional)
(If an ef <u>Note:</u>	(optional) lective date, if other than the date of filing:
	cord 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	
., and	Signature of a member or authorized representative of a member Mack A. Isham

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00