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## **COVER LETTER**

SHRIECT.						
harakamohab@yahoo.com   E-mail address: (to be used for future annumentation concerning this matter, please call:    Mohab Harraka	ited Liability Company					
Division of Corporations  Hotworx New Tampa 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:    Mohab Harraka						
SUBJECT:    Name of Limited Liability Company						
	Mohab Harraka  Name of Person  Firm/Company  9307 Merlot Cir  Address  Seffiner FL 33584  City/State and Zip Code harakamohab@yahoo.com  E-mail address: (to be used for future annual report notification)  rinformation concerning this matter, please call:  at (					
			Name of Person			
			Firm/Company	<del></del>		
		9307 Merlot Cir				
			Address			
		Seffner FL 33584				
				tification)		
For further i	nformation c	oncerning this matter, please ca	all:			
Mohab Hari	raka					
	Name o	f Person		me Telephone Number		
Enclosed is	a check for th	ne following amount:				
■ \$25.00	Filing Fee		Certified Copy	Certificate of Status &		
			Street Address: Registration S	ection		
Di		orporations	Division of Co The Centre of	orporations		

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hotworx New Tampa LLC	
(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{\operatorname{Oct}}{\operatorname{Oct}}$	ober 28, 2019 and assigned
lorida document number L19000269329	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company her	<u>c</u> :
MIM WORX LLC	
"he new name must be distinguishable and contain the words "Limited Liability Company." the de-	signation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	78 Z0
Principal office address MUST BE A STREET ADDRESS)	C A
	AS
	en
Enter new mailing address, if applicable:	7 A
Mailing address MAY BE A POST OFFICE BOX)	92
	ξ' σ
3. If amending the registered agent and/or registered office address on our regent and/or the new registered office address here:  Name of New Registered Agent:	cords, enter the name of the new regis
Name Boolet and Office Address.	
New Registered Office Address:  Enter Florid	la street address
	Florida
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 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:

or removed from our records.		
MGR = Manager		
AMBR = Authorized Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00