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COVER LETTER

TO:

Tallahassee, FL 32314

	Registration Se Division of Cor			•	
/14 · 15 · 4 · · · ·	Sole Work,	LLC		•	
SOBJEC	Name of Limited Liability Company				
The encle	sed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please ret	urn all correspo	ndence concerning this matter	to the following:		
		Heather Y. Wilson			
			Name of Person		
			Firm/Company		
		10703 Versailles Blvd.			
			Address		
		Clermont, FL 34711			
			City/State and Zip Code		
		heather.wilson.y@gmail.com		*	
For furthe	er information c	oncerning this matter, please ca	to be used for future annual report notif all:	псанин	
Heather '	Wilson		352 242-8977		
	Name o	f Person	at () Area Code Daytime	: Telephone Number	
Enclosed	is a check for the	ne following amount:			
\$25.0	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 Addres		Street Address: Registration Sec	Nion	
Registration Section Division of Corporations			Division of Cor		
	P.O. Box 632	•	The Centre of T	•	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED

Sole Work, LLC

- 2022 HAR 28 PM 2: 0!

SOIL WORK LINE	
(Name of the Limited Liability Compa (A Florida Limited	Liability Company) SECRETARY OF STATE TALLAHASSEE, FL
	TALLAMASSEE, FL
The Articles of Organization for this Limited Liability Company	were filed on samuely 15, 250 (102/20) and assigned
lorida document number 1.20000008893	
This amendment is submitted to amend the following:	
	sility company hare:
A. If amending name, enter the new name of the limited liab	mity Company nere.
Required Lines, LLC The new name must be distinguishable and contain the words "Limited Liab"	The Community the decimation "I I (" or the abbreviation "I I ("
he new name must be distinguishable and contain the words. Limited Clab	
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	N/A
(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 new register
agent and/or the new registered office address here:	
, , ,	
Name of New Registered Agent:	
N/A	
New Registered Office Address: 7V //*	Enter Florida street address
	Florida
	. Florida City Zup Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	e performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
. 1	//
$\frac{\mathcal{N}}{\mathcal{N}}$	
If Ch	anging 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>	Name	Address	Type of Action
			□Add
			Remove
			□Change
			□Add
			□Remove
		 	
			🗆 Add
			□Remove
			∐Add
			□Remove
			[]Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

N/A	
	
<u></u>	
(If an effective date is fist Note: If the date inse	ther than the date of filing:
the record specifies a de cord is filed.	elayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
Dated MACh	22,3022
	Signature of a member or inthorized representative of a member

Filing Fee: \$25.00