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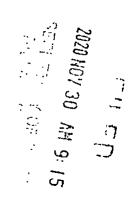
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LA-1/12/21

COVER LETTER

TO:

Registration Section Division of Corporations

	•	•	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Kenneth Delancy		
		Name of Person	
	The Industry Works, LLC	ı	
		Firm/Company	
	28280 Old 41 Rd, Unit 1	, , ,	
		Address	
	Bonita Springs, FL 34135		
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	ken@theindustry.io		
	E-mail address:	(to be used for future annual report not	ification)
For further information (concerning this matter, please c	call:	
Ken Delaney		404 803-5078	
XI	of Person	at () Area Code Daytin	ne Telephone Number
;vame (n Person	Area Code Dayini	e receptione (Sumber
Enclosed is a check for t	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 Addre Registration Division of O P.O. Box 632 Tallahassee.	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 7	rporations

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Industry Works, LLC	
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>L2000045645</u>	ompany were filed on 02/07/2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDR	ESS)
S. A. Maria	<u> </u>
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered	office address on our records, enter the name of the new regist
gent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, FloridaZip Code
	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, <u>enter the title, name, and address of each person being add</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	James Bradley Hulett	6112 Kingbird Manor Dr. Lithia, FL 33547	= Add
			□Remove
			□Change
MGR	Randy J Decker	10105 Paddock Oaks Dr. Riverview, FL 33569	= Add
			□ Remove
8.47°15	Theory, Cluttury Amin	4601 Gentrice Dr. Valrico, FL 33596	□Change
MGR	Teresa Slattery Amin		= Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		 	□Remove
			□Change

Effective date, if other than the date of filing: (optional)				
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