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## **COVER LETTER**

TO:	Registration Se Division of Cor			
SUBJEC	Octos Worl	ks LLC		
COBOL		Name of Lin	nited Liability Company	
			-	
Please re	eturn all correspo	indence concerning this matter	to the following:	
		Corporations		
			Name of Person	
		Octos Works LLC		
			Firm/Company	
		2935 NW 67 Street		
			Address	
		Miami, FL 33147		
		octoworksllc@gmail.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report not	ification)
For furth	er information co	oncerning this matter, please c	all:	
April Thomany				
	Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed	is a check for th	e following amount:		
<b>■</b> \$25.0	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
<u>.</u>	Mailing Address	<u>«</u> 	Street Address:	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Octos Works LLC (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 05/09/2020 \_ and assigned Florida document number L20000131816 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: OctoWork, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

## 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>Title</u>	<u>Name</u>	Address	Type of Action
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