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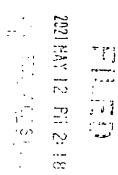
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COVER LETTER

	ration Section of Gorpo							
10	N Red Roc	k Management, LLC	•					
SUBJECT:		Name of Lim	ted Liability Company					
The enclosed Ar	nicles of Ar	mendment and fee(s) are sub	mitted for filing.					
Please return all	correspond	ence concerning this matter	to the following:					
		Nicole C. Smith, Esq.						
			Name of Person					
		Smith & de Lemos, PA						
			Firm/Company			•		
		2014 Edgewater Drive, #2	14			:	292	
			Address	· · · · · · · · · · · · · · · · · · ·		· .		
		Orlando, Florida 32804					7 12	
			City/State and Zip Code				=:	
		nicole@smithdelemos.com			<u>··</u> ·		: :	•
For further infor	rnation con	E-mail address: (cerning this matter, please ca	to be used for future annual	report notification)		· · · · · · · · · · · · · · · · · · ·	ය 	
Nicole C. Smith	ı, Esq.		407 61 at ()_	9-2682				
	Name of P	erson	Area Code	Daytime Telepho	ine Number		-	
Enclosed is a ch	eck for the	following amount:						
≌ \$ 25,00 Filin	ng Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en		\$60.00 Fi Certifica Certified (additional	ite of St Copy	tatus &)
	g Address:	ction	Street A					
Registration Section Division of Corporations			Registration Section Division of Corporations					
P.O. Box 6327		The Co	The Centre of Tallahassee					
Tallah	nassee, FL	. 32314	2415 N	L Monroe Street	t, Suite 8	110		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ION Red Rock Management, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number _____1.20000203893 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Workstratus, 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 uddress , Florida _ Cin

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>	Name	Address	Type of Action
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			☐Remove
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in effective date is listed, the date most ofter. If the date inserted in this blo	be specific and cannot be prior to-	date of filing or more than 90%	days after filing.) Pursua	ncto 605,020
cument's effective date on the De	partment of State's records.	ie statutory ming reducem	ents, this date will no	i de fisica a
ecord specifies a delayed effective is filed.	date, but not an effective time	e, at 12:04 a.m. on the earl	er of: (b) The 90th c	lay after the
nted	2021			
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Typed or printed name of signee