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COVER LETTER

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TO:	Registration S Division of C		, 19 m	
SUBJE		VONDERS LLC	2 ** ¥	
SUBJE	CT:	Name of Limi	ted Liability Company	
The end	closed Articles of	of Amendment and fee(s) are sub	nitted for filing.	
Please r	eturn all corres	pondence concerning this matter t	to the following:	
		LOVETTE DOBSON		
		^	Name of Person	
		INCFILE.COM LLC		
		 	Firm/Company	
		17350 STATE HWY 249 S	STE 220	
			Address	
		HOUSTON, TX 77064		
		EFILE1234@INCFILE.COI	City/State and Zip Code M	
		E-mail address: (t	to be used for future annual report notif	ication)
For furt	ther information	concerning this matter, please ca	dk:	
LOVE	ITE DOBSON		888 462-3453	
	Name	e of Person		Telephone Number
Enclose	ed is a check for	the following amount:		
■ \$23	5.00 Filing Fee	S30.00 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 Addi		Street Address: Registration Sec	ttion 202

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

(P)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WORK W	VONDERS LLC
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) nited Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number L20000395371	pany were filed on 12/18/2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
The new name must be distinguishable and contain the words "Limited"	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES:	<u> </u>
Enter new mailing address, if applicable:	618 E. South Street
(Mailing address MAY BE A POST OFFICE BOX)	Suite 500
	Orlando, FL 32801
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Ag	
ten Registered Agent's Signature, it changing Registered Ag	zent: 존 ()

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 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
AMBR	Akai Wilson	618 E. South Street	□Add
		Suite 500	_
		Orlando, FL 32801	_
			🗀 Add
			Remove
			□Add
			□Remove
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ffective date, if other than the an effective date is listed, the date must lote: If the date inserted in this bloocument's effective date on the De	date of filing: be specific and cannot be prior to date of filing to be specific and cannot be prior to date of filings to be specificable statutor partment of State's records.	(optional) ng or more than 90 days after filing.) Purs ry filing requirements, this date will	suant to 605.020 пот be listed a
record specifies a delayed effective is filed.	date, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90t	th day after the
February 10	2021		7) L
ated	<u></u>	TAK.	
alan Whi	Kam	<u> </u>	,
	Signature of a member or authorized represe	entative of a member	
		1.00m	J====

Filing Fee: \$25.00