L21000055885

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COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: Γ	nart Work	Labor ILC	
	Name of Limi	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are subr	mitted for filing	
		_	
Please return all correspon	dence concerning this matter t	to the following:	
	Aurora	Mota	
	Althordalo EXMENTINA	le "Handyma	n LLC Aw
		Firm/Company	
	11788 Line	ten Dr Address	· · · · · · · · · · · · · · · · · · ·
	Spring Hil	FL 34(00 City/State and Zip Code	8
	Lase, 4146 W	o be used for future annual report not	ification)
For further information co	ncerning this matter, please ca	ıll:	
Aurora Name of	Mota	at (917) 808	5-07-76 ne Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration So Division of Co P.O. Box 6327 Tallahassee, Fl	ection rporations	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Fallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Smart Work Lab	or UC	
(Name of the Limited Liability Com	ipany as it now appears on our records.) Ed Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number <u>L21000558</u>	ny were filed on 212021 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia AFFOCALE. HANDY The new name must be distinguishable and contain the words "Limited Lia Enter new principal offices address, if applicable:	nan UC	
(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	e address on our records, enter the name of the new regist	ered
agent and/or the new registered office address here:	<u> </u>	
Name of New Registered Agent:	. u	_
New Registered Office Address:	Enter Florida street address	-
	, Florida	_
	City Zin 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, 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>	<u>Address</u>	Type of Action
AMBR	Aurora Mota	11788 Linden Dr	iXndd
		Spring Hill FL	□Remove
		34608	□Change
			□Add
			□ Remove
			□Change
·			□Add
		-	□ Remove
			□Change
			□Add
			□Remove
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te: If the date inserted	than the date of filin the date must be specific and in this block does not r on the Department of S	meet the applica	to date of filing or mo able statutory filing	(option than 90 days after for requirements, this	n al) iling.) Pursuant to 605.0 date will not be listed	207 I as
cord specifies a delaye s filed.	d effective date, but not	t an effective ti	ne, at 12:01 a.m. or	the earlier of: (b)	The 90th day after t	he
ed March	27	202	<u>l</u> .	7		
	Cheen	0) 2 0	m/lat	11		
	Signature of a	member or autho	rized representative of	f a member		

Filing Fee: \$25.00