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A. BUTLER
JAN 1 4 2022

## **COVER LETTER**

TO: Registration Division of	on Section Corporations					
Scient SUBJECT:	ificus,LLC					
<u></u>	Name of Lim	ated Liability Company				
The enclosed Article	es of Amendment and fee(s) are sub	omitted for tiling.				
Please return all corr	respondence concerning this matter	to the following:				
	Bruce Taylor					
		Name of Person				
	Olde Works, LLC					
		Firm/Company				
	462 Parish Blvd					
		Address				
	Mary Esther FL 32569					
	<del></del>	City/State and Zip Code				
	Bruce@OldeWorks.com					
		to be used for future annual report n	ouncation)			
For further informat	ion concerning this matter, please c	all:				
Bruce Taylor		850 543-4477 at ()				
Na	me of Person	Area Code Dayt	ime Telephone Number			
Enclosed is a check	for the following amount:					
■ \$25,00 Filing Fe	ee 🗀 \$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 Ad	idress:	Street Address:	· Contian			

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

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

Scientificus, LLC		f Go its
( <u>Name of the Limited Liability C</u> (A Florida Lia	Company as it now appears on omited Liability Company)	our recorder) = 5 The state   1.50
The Articles of Organization for this Limited Liability Com		
Florida document number 56-8018469340-4		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
Olde Works, LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation	ation "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:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of	ffice address on our record	ls, enter the name of the new registere
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida st	reet address
		, Florida
	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 added or removed from our records</u>:

MGR =	Manager			
AMBR =	Authorized	Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
			□Add
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