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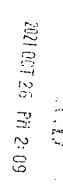
(Requestor's Name)	_
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
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(Document Number)	
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A. BUTLER NOV 1 0 2021

COVER LETTER

Tallahassee, FL 32314

TO: Registration of Division of	on Section Corporations		
	orks LLC		•
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Article	es of Amendment and fee(s) are sul	bmitted for filing.	
Please return all corn	respondence concerning this matter	r to the following:	
	Michael A Brooks		
		Name of Person	
	Mabworks LLC		
		Firm/Company	
	10542 Running Oak ct		
		Address	
	Jacksonville Florida, 3224	46	
	Mabworkstlc@gmail.com	City/State and Zip Code	
	E-mail address:	(to be used for future annual report not	ification)
For further informat	ion concerning this matter, please o	call:	
Michael A Brooks		904 465-5944 at ()	
Na	ame of Person	Area Code Daytim	ne Telephone Number
Enclosed is a check	for the following amount:		
■ \$25.00 Filing Fe	ee 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)
<u>Mailing Ad</u> Registrati	Idress: on Section	Street Address: Registration Se	ction
Division of Corporations		Division of Cor	rporations
P.O. Box 6327		The Centre of T	Γallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mabworks LLC

(Name of the Limited Liability Company as it now appears on our records) OCT 26 Pr. 2: 10

The Articles of Organization for this Limited Liability Company were filed on February 18th, 2021 and assigned Florida document number L21000081892

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 "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:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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
MGR	Michael A Brooks	10542 Running Oak et JAcksonville Florida, 32246	= Add
			□Remove
			Change
AP	Michael A Brooks	10542 Running Oak et Jacksonville Florida, 32246	🗆 Add
			= Remove
			□Change
	-		□Add
			□Remove
			Change
			🗆 Add
			□Remove
			Change
			□Add
			□Remove
		.	Change
			□Add
			□Remove
			□ Change

D. If amending a	nny other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	···
(If an effective date Note: If the da	, if other than the date of filing:
f the record specific ecord is filed.	es a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	-20-202 Signature of a member or authorized representative of a member
Mic	hael A Brooks
	Typed or printed name of signee

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