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COVER LETTER

TO: Registration Se Division of Cor	porations ,		*
SUBJECT: TICE	Works And Name of Lin	Mone 2 CLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Parl (NokiU Name of Person	
	•	Name of Person	
	TIRE WORK	K Aud More	266
		Firm/Company	·-
	1033 iv a	SASKEL KE Address	
	W. 9. D	City/State and Tin Cycle	
	Pworks Aw (E-mail address:	City/State and Zip Code CMA. Com to be used for future annual report notif	leation)
For further information co	oncerning this matter, please c		·
Paul wo	ilv	at (<u>Xl</u>) 906 -	6373
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	☐ \$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 Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

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

TINE WOLKS	A Liability Compa	ny as it now appears on our	records.)	
The Articles of Organization for this Limited Lia				and assigned
Florida document number <u>L210001006</u>	35			
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liab	lity company here:		
The new name must be distinguishable and contain the wo	ords "Limited Liabil			
Enter new principal offices address, if applicable:		1035 N C	1014C	
(Principal office address MUST BE A STREET ADDRESS)		1033 iv 0	iong/ks/	AUE
		V.1.B +1	3340	<u> </u>
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE I	<u>30X)</u>	•		
				-
B. If amending the registered agent and/or reagent and/or the new registered office addres	egistered office a	ddress on our records, g	enter the nam	e of the new registered
agent unanor the new registered office address				
Name of New Registered Agent:	<u> Inol</u>	cupits		.
New Registered Office Address:	1033	W Congress Enter Florida street	AUC	7071
	0	Enter FTorida street (address	
	W.1.B	Cim	_, Florida	3549
New Registered Agent's Signature, if changing R	paietornal Ament-	Enter Florida street (zip Code
I hereby accept the appointment as registered				

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

Title	Name	Address	Type of Action
gierrolon !-	Paul works	1033 N G.gress AUE	ðærdd
		1033 N G.gress AUE W. G.B Fl 33409	□Remove
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Effectiv	e date, if other than the date of filing:
Note: 1	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nt's effective date on the Department of State's records.
he record ord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated	03/15/21
_	
	Simplify of a mark of a second of the second
	Signature of a member or authorized representative of a member OACL Work Typed or printed name of signce