## L21000260951

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## **COVER LETTER**

FO: Registration Division of C	Section Corporations	•	1
CELEN ERVICES	WORXPMS, LLC	*	
<i></i>		nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	JODI RONEN		
		Name of Person	· · · · · ·
	JG CONSULTING SERV	CIES, LLC	
	-	Firm/Company	
	5481 WILES RD STE 502	2	
	·	Address	
	COCONUT CREEK, FL 3	33073	
	····	City/State and Zip Code	<del></del>
	JODI@ACCU-TAX.TAX		
		to be used for future annual report noti	fication)
for further information	n concerning this matter, please c	all:	
IODI RONEN		954 449-9709	
Name	e of Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for	r the 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

YACHTWORXPMS, LLC	
( <u>Name of the Limited Liability Company as i</u> (A Florida Limited Liability	it now appears on our records.) y Company)
he Articles of Organization for this Limited Liability Company were	filed on 06/04/2021 and assigned
lorida document number 1.21000260951	
nis amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability c	ompany here:
ACHTWORX, LLC	
he new name must be distinguishable and contain the words "Limited Liability Con	mpany," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	<b>2029</b>
Principal office address MUST BE A STREET ADDRESS)	A SE
	> <b>"0</b> "
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	20
. If amending the registered agent and/or registered office addressent and/or the new registered office address here:  Name of New Registered Agent:	ss on our records, <u>enter the name of the new regi</u>
Name of New Registered Agent.	
New Registered Office Address:	Enter Florida street address
	Florida

## 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 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>	Name	Address	Type of Action
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			□Remove
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E. Effective date, if off (If an effective date is list Note: If the date inse document's effective	ed, the date must be spe rred in this black do	cific and cannot be pri es not meet the appl	ICADIC PUBLICAD, IIII	(option more than 90 days after ( ing requirements; this	line.) Pursuant to 605	(0207 (3ah ed as the
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Dated ON/24	awala	1 04 DN	enser			
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KAYLEE	RONKHORST		nied name of signer		<del></del> _	

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