121000270374

(Re	equestor's Name)
(Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phor	ne #)
PICK-UP	TIAW	MAIL
(Вс	usiness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
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08/30/21--01014--028 **25.00

2021 NOV 10 PH 1: 19 SECRETARY SELFERING

TO BRUCE



September 11, 2021

CACERES LAURA 15820 SW 43RD ST MIAMI, FL 33185

SUBJECT: LC WORK LLC Ref. Number: L21000270374

We have received your document for LC WORK LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6842.

Deborah Bruce
Corporate Records Supervisor II
Letter Number: 621A00021910

COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corp	porations				
SUBJECT:	WORK LL	C			
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
	Caures	Laura Name of Person			
		Firm/Company			
	15870 sm	43 rd st			
		Address			
	miami, Fl	33135		20 SI	
		City/State and Zip Code		21 X EC:	1
	E-mail address: (City/State and Zip Code One of the Code o	(Militiation)	Y 7	
For further information co	oncerning this matter, please c		,	2021 NOV 10 PM SECONDATE SECONDATE AND TALLARIES	
Calles	Laura	at (<u>305)</u> 763 S Area Code Daytin	4803		•
Name of	Person	Area Code Dayiii	me Telephone (Number	· Ε _τ , · ω	
Enclosed is a check for th	e 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 Filin Certificate of Certified Co (additional con	of Status & opy	
Mailing Address Registration S		Street Address: Registration S			
Division of C	orporations	Division of Co	orporations		

Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LC WORK	LLC	
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our records.) a Limited Etability Company)	
The Articles of Organization for this Limited Liability C Florida document number <u> </u>	Company were filed on $06/10/2021$ and assig	ned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
	nited Liability Company," the designation "L.L.C" or the abbreviation "L.L.	C."
Enter new principal offices address, if applicable:		
(<u>Principal office address MUST BE A STREET ADDR</u>	<u>(RESS)</u>	
		
		أحثي
Enter new mailing address, if applicable:	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		
		· · · · · · · · · · · · · · · · · · ·
		100
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, enter the name of the new	<u>registered</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street 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, 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
P	Ca'erres Laura	15P20 sw 43rd st miamiel	□Add
		33185	⊠ Remove
			□Change
MGR	Caeres Laura	15820 Sw 43 rdst mian	<u>∩ı</u> Ø Add
		FI 33135	□Remove
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	<u></u>		
			2020 Propose
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			□Change

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Signature of a member or authorized representative of a member			- Jan						
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Filing Fee: \$25.00