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COVER LETTER

TO: Registration Section Division of Corpor				
SUBJECT: Soda	Works LLC			
		d Liability Company		
The enclosed Articles of Am	endment and fee(s) are subm	itted for filing.		
Please return all corresponde	ence concerning this matter to	the following:		
	Rebecca G	iannuli's		
		Name of Person		
	Sodawonk			 -
		Firm/Company		
	81 High	and Rd Address		
	J	Address		
	Tarpon Spi	ON QS. FL.	34689	
_	· • · · =	33 @ GMAI		
		be used for future annua	il report notification)	
	erning this matter, please call	:		
Rebella	Giannulis	at (727)	501-610	8
Name of Pe	rson	Area Code	Daytime Teleph	one Number
Enclosed is a check for the for	ollowing amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is er		\$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

Joda Works LLC	ny as it now appears on our records.)
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L210003730</u> 34	were filed on August 18, 2001 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1992 Alt 19, South Tarpon Springs, FL 34689
Principal office address MUST BE A STREET ADDRESS)	Tarpon Springs, FL 34689
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, <u>enter the name of the new register</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	CORE T TO TORK OF DOT MAKE USD
	, Florida
	Cin. Zin 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 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 Address (\$2) \$3, 22 AN 7: 27 **Type of Action** Title Name RG Anderson Capital Partners LLC 35246 US Huy 19 N #208 KADA MGR Palm Harbor, FL 34684 _ Remove Pebella Giannulis R. 35246 us they 19N #208 DAD Palm Harbor, FL 341084 Remove _____ □Change _____ □Change _____ □Remove _____ □Change _____ Change ____ □Change

fective date, if other than the date of filing:		## SE 82 47 7:27
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Signature of a member or authorized representative of a member	Signature of a me	ember or authorized representative of a member