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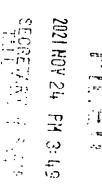
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COVER LETTER

TO:

TO: Registration Sec Division of Corp					
SUBJECT:	Scanw	orks LLC			
30000CT.		ited Liability Company			
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspor	dence concerning this matter	to the following:			
	Andr	es Brenes Name of Person			
		Name of Person			
		Scanworks LLC Firm/Company			
		, ,			
		enera avenue, 20)3		
		Address			
		liami, FL 33146			
		City/State and Zip Code			
	E-mail address: (A. brenes@outlook. Co to be used for future annual report not	ification)		
For further information co	ncerning this matter, please c				
Andres	Brenes	954 \ 88 7 -	4021		
Name of		at (<u>954</u>) <u>882 -</u> Area Code Daytin	ne Telephone Number		
Enclosed is a check for the	e following amount:				
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address	•	Street Address:			
Registration Se Division of Co		Registration Section Division of Corporations			
P.O. Box 6327	•	The Centre of Tallahassee			
Tallahassee, F	L 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 NOV 21. PM 2-1.0

Scanwork	LS, LLC
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records TARY OF STATE nited Liability Company)
The Articles of Organization for this Limited Liability Com-	
Florida document number <u>L21000448198</u> .	,
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 "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1
(Principal office address MUST BE A STREET ADDRES	<u></u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, enter the name of the new register
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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
MGR	Brian Castillo	6852 SW 35th Street Miami	🗆 🗸 🗸 dd
			□Remove
			□Change
			🗆 Add
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	effective date on th						
	cifies a delayed effo	ective date, but r	not an effective tin	ne, at 12:01 a,	m. on the earlie	er of: (b) The 9	0th day after the
l is filed.					//		
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-		Signature of	a member or author	ized representa	itive of a member	 T	
			Andres Brange	, ,			
		•	4ndres Br	enes			