

121 000 455 730

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

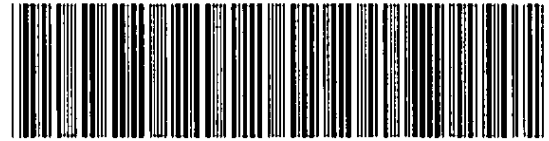
(Business Entity Name)

(Document Number)

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2021 NOV 15 AM 7:27
CLERK OF STATE
TALLAHASSEE, FL

A. BUTLER
DEC - 6 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ascension 33WORKS, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shanique Scott
Name of Person

Ascension 33WORKS, LLC
Firm/Company

245 SW 5th Ave.
Address

SOUTH Bay FL. 33493
City/State and Zip Code

Shaniquesscott@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shanique Scott at (561) 463.1265
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 32302

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Ascension 33 Works, LLC

(Name of the Limited Liability Company as it now appears on our records
(A Florida Limited Liability Company))

FILED

NOV 15 AM 7:27

The Articles of Organization for this Limited Liability Company were filed on 10/19/21 and assigned
Florida document number L21000455730.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A (NO CHANGE)

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

245 SW 5th Ave.

SOUTH Bay FL. 33493

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O BOX 2594

Belle Glade, FL. 33430

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A (NO change)

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>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Valira Harrell</u>	<u>245 SW 5th Ave.</u>	<input type="checkbox"/> Add
		<u>SOUTH Bay, FL. 33493</u>	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>AP</u>	<u>Valira Harrell</u>	<u>245 SW 5th Ave.</u>	<input checked="" type="checkbox"/> Add
		<u>SOUTH Bay, FL. 33493</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>AP</u>	<u>Damon Scott, Jr.</u>	<u>245 SW 5th Ave.</u>	<input type="checkbox"/> Add
		<u>SOUTH Bay, FL. 33493</u>	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>AP</u>	<u>Tonique Simmons</u>	<u>245 SW 5th Ave.</u>	<input type="checkbox"/> Add
		<u>SOUTH Bay, FL. 33493</u>	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 11/9, 2021

Signature of a member or authorized representative of a member

Shanique Scott
Typed or printed name of signer