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COVER LETTER

FO: Registration Section Division of Corporate					
subject: <u>VAN</u>	TAGE CADW Name of Limited	ORKS LLC Liability Company			
The enclosed Articles of An	nendment and fee(s) are submitt	ed for filing.			
Please return all correspond	ence concerning this matter to the	he following:			
	NICOL	E. M. HARGRA	(VE		
	VANTA	GE CADWORKS Firm/Company	LLC		
	15410	ALMACO CIRC	iE	. Z	
	<u>BONITA G</u>	PRINGS, FL 3	1135	SECRETARY OF SHALL	Garantan 3 d 2 d 2 d
	E-mail address: (to be	IAN TAGECADWORKS e used for future annual report notif	ication)	新文 3 182 2	
For further information con-	eerning this matter, please call:			(in	TELESCO.
NICOLE M. Name of P	HARGRAVE erson	at (<u>574</u>) <u>210 - C</u> Area Code Daytime)998 e Telephone Number	12 	
Enclosed is a check for the	following amount:		,		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

Mailing Address: Registration Section Division of Corporations

P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VAN	TAGE CADWORKS LLC 写 至二
(Name of the Limiter)	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)
The Articles of Organization for this Limited Lia	ibility Company were filed on 1/03/2021 and assigned
Florida document number <u>L2100047</u>	<u>1589</u>
This amendment is submitted to amend the follow	wing:
A. If amending name, enter the new name of	the limited liability company here:
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
· ·	
Enter new principal offices address, if applica	
(Principal office address MUST BE A STREET	<u>ADDRESS)</u>

Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE B	(OX)
The state of the s	
B. If amending the registered agent and/or reagent and/or the new registered office address	gistered office address on our records, <u>enter the name of the new registered</u> <u>shere</u> :
Name of New Registered Agent:	NICOLE M. HARGRAVE
New Registered Office Address:	Enter Florida street address
	Florida 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.

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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
MGR	NICOLE M HARGRAVE	15410 ALMACO CIRCLE	□Add
		BONITA SPRINGS, FL 34135	Remove
			☐ Change
MGR	JACOB R HARGRAVE	19410 ALMACO CIRCLE	SuAdd
		BONITA SPRINGS, FL 34139	□Remove
			□ Change
			🗀 Add
		-	□ Remove
			□ Change
			□Add
			🗆 Remove
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s filed.	occifies a delay						n. on the ear	lier of: (b)	The 90th	day after the
	TANDAR	Y /	10th	_, 20	222	.				
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ed	JANUAR 		-	J//	THIN	161-	-			