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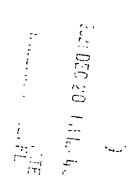
(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	-
(Duginasa Fatity Nama)	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



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A. BUTLER

JAN - 5 2022

COVER LETTER

TO: Registration Se Division of Cor			
OND INCOM	THE WATER OAK	WORKSHOP, LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		MATTEW M RUSSELL	
		Name of Person	
		Firm/Company	
		1824 GABIN RD	
		Address	
	J	ACKSONVILLE, FL 32221	
	ma	City/State and Zip Code htthew.russell5620@gmail.con	n
		to be used for future annual repor	
For further information of	oncerning this matter, please co	all:	
МАТТНЕ	W M RUSSELL	904 at ()	759-6272
Name o	f Person	Area Code D:	aytime Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration		Street Addres Registration	
Division of C	Corporations	Division of	Corporations
P.O. Box 632	27	The Centre	of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	E WATER OAK WORKSHO			. /
(Name of the Lim	ited Liability Company as it no (A Florida Limited Liability Co	w appears on ompany)	our records.) 💯 🖰 🖔	20 1.12.43
The Articles of Organization for this Limited I Florida document number	Liability Company were file	d onN	OVEMBER 12, 2021	and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name o	of the limited liability com	pany here:		
N/A				
The new name must be distinguishable and contain the	words "Limited Liability Compa	ny," the design	ation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if appli	cable: N/A			
Principal office address MUST BE A STRE	ET ADDRESS)			·
			<u> </u>	
Enter new mailing address, if applicable:	N/A			
Mailing address MAY BE A POST OFFICE	<u> BOX)</u>			
B. If amending the registered agent and/or agent and/or the new registered office addre		on our recor	ds, <u>enter the name</u>	of the new registe
Name of New Registered Agent:	MATTHEW M RUSSEL	.L		
New Registered Office Address:	N/A			
		Enter Florida s	treet 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>	Name	Address	Type of Action
MGR	MATTHEW M RUSSELL	THE SAME	□Add
			□Remove
			\ \ \ \ _ _ \Add
			□Remove
			□Add
			Remove
			□Change
			□Add
			🗀 Remove
			□Change
			Remove
			□ Change
			□Add
			□Remove
			□Change

ST	AYS THE SAME.
_	
effect <u>e:</u> If	e date, if other than the date of filing:
cord : s filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the l.
ed _	DECEMBER 7 2021
	(At Millell