22000071739

(Req	uestor's Name)	
(Add	iress)	
(Add	lress)	
(City	/State/Zip/Phone	e #)
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COVER LETTER

JO:	Registration Se Division of Co				
	IRONWOI			•	
SUBJEC	CT:	Name of Limi	ted Liability Company		
The enc	losed Articles of	Amendment and fee(s) are subr	nitted for filing.		
Please re	eturn all corresp	ondence concerning this matter t	o the following:		
		HOMERO ALMANZA			
			Name of Person		
		IRONWORX LLC			
			Firm/Company		
		2336 DORA STREET			
			Address		
		FORT MYERS, FLORIDA	33901		
			City/State and Zip Code		
		HOMER@IRONWORXLL	C.US o be used for future annual report not	ification)	
For furt	her information	concerning this matter, please ca		,	
НОМЕ	RO ALMANZA		239 255-4481		
	Name	of Person		ne Telephone Number	
Enclose	d is a check for	the following amount:			
□ \$ 25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Addre		Street Address:	anti an	
Registration Section Division of Corporations		Registration Section Division of Corporations			
	P.O. Box 63	27	The Centre of	Tallahassee	
	Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 OCT 17 AM 10: 18

IRONWORX LLC

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

TALL AMASSEE ST

(A Florida Limited L	Liability Company)	TALEATIASSEE, FL
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000071739</u>	were filed on 02/11/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2336 DORA STREET	
(Principal office address MUST BE A STREET ADDRESS)	<u></u>	
····	FORT MYERS. FL 33901	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>ent</u>	er the name of the new regist
New Registered Office Address:	Enter Florida street add	ress
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u> </u>	
I hereby accept the appointment as registered agent and agr	ree to act in this capacity. I	further agree to comply with

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	HOMERO ALMANZA	2336 DORA STREET	≣Add
		FORT MYERS, FL 33901	□Remove
			□Change
AP	KARY BLANES	2201 COUNTY ROUTE 24	
		EDWARDS, NY 13635	■ Remove
			□Add
			□ Remove
			□ Change
			□ Remove
			☐ Change
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			10/12/201	17			
E. Effectiv	e date, if other the	nan the date of f date must be specifi	iling:	or to date of filing of	more than 90 days	ptional) ifter filing.) Pursuant	to 605.0207
Note: I docume	the date inserted in it's effective date of	n this block does i on the Department	not meet the app. of State's record	icable statutory fi ls.	ing requirements.	this date will not	be fisied as
		•					
If the record	specifies a delayed	effective date, bu	t not an effective	time, at 12:01 a.r	n, on the earlier o	: (b) The 90th da	y after the
record is file							
	0.4.3		2022				
Dated _	0/12 		2022	·			
			M				
		Xour Signature	of a member or au	thorized representat	ive of a member		
	,	<u></u>					

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Filing Fee: \$25.00