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(Re	equestor's Name)	
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A. BUTLER
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COVER LETTER

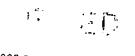
TO: Registration Sec Division of Corp			
SUBJECT:	WORKSMAR	KETING LLC ed Liability Company	
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name of Limn	ed Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspon	ndence concerning this matter to	o the following:	
	ALBEN	To Robalino / Name of Person	FUDRAGE
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	1110 P	INE RIDGE Rd	Suite 301-31
	Ne	City/State and Zip Code Lino35 @ hotmail o be used for future annual report not	108
	E-mail address: (t	ino35 (a) Notmos o be used for future annual report not	ification)
For further information c	oncerning this matter, please ca		
- · · /	\	5.6 894	1201
E WIN A	f Person	at (<u>305</u>) <u>894</u> Area Code Daytin	ne Telephone Number
		_	
Enclosed is a check for the	he following amount:		
□ \$25.00 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)
<u>Mailing Addres</u> Registration		Street Address: Registration S	ection

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WORKSHARKETIUG LLC



2022 DEC 13 Pill2: 45

(A Florida Limited (A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Compan	y were filed on and assigned
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Lial	pility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	SZOI Blue LAGOON Drive Svite 900
(Principal office address MUST BE A STREET ADDRESS)	MIAMI FL 33 126
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5201 Blue LAGOON Drive Suite 900 Migni FL 33126
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address: 520	1 Blue LAGOON Drive Suit 900 Emer Florida street address
_ V	IANIE Storida 33126 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 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

Title	<u>Name</u>	Address	Type of Action
ten AM	BR ALBERTO ROBALINO	ANMANE 5201Blue LAGOON	<u>ı</u> ∐Add
•		Suite 900	
		MIAM; FL 33126	X Change
			
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aceffective date ote: If the date	if other than the is listed, the date mu is inserted in this b crive date on the L	st be specific and o lock does not in-	cannot be prior i eet the applica			otional) fter filing.) Pursuant this date will not b	to 605.020 be listed a
ecord specifies is filed.	a delayed effecti	ve date, but not :	m effective tir	ne, at 12:01 a.m.	on the earlier of	: (b) The 90th da	iy after the
ted		Signature of a fi	numbe or autho	rixed representative	of a Hember		
				Logarine			

Filing Fee: \$25.00