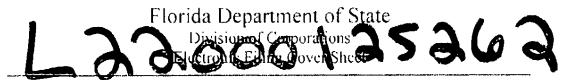
9/28/22, 6:55 AM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220003341703)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone

: (323)962-8600

Fax Number

: (323)389-0502

**Enter the email address for this business entity to be used for future. annual report mailings. Enter only one email address please. **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CAJUN HOME WORKX LLC

Certificate of Status	0
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Page Count	05
Estimated Charge	\$55.00

C. BRUMBLEY

Jan 2 9 2022

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Help

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COVER LETTER

TO:	Registration Solution of Con					
SUBJEC		OME WORKX LLC				
SUBJEC	-1:	Name of Lim	ited Liability Company			
The encl	losed Articles of	Amendment and fee(s) are sub	unitted for filing.			
Please re	tum all correspo	ondence concerning this matter	to the following:			
		Cheyenne Moseley				
			Name of Person			
		Legalzoom.com, Inc.				
			Firm/Company			
		101 N Brand Blvd 11th Fl				
			Address			
		Glendale, CA 91203 City/State and Zip Code aderosier2009@hotmail.com				
		E-mail address: (to be used for future annual report noti	fication)		
For furth	er information o	concerning this matter, please c	aD;			
Cheyenr	ne Moscley		800 773-0888 at ()			
	Nam e c	of Person		e Telephone Number		
Enclosed	l is a check for t	he following amount:				
□ \$25.0	00 Filing Fcc	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Regist	ING ADDRESS: ration Section on of Corporations	STREET/COURI Registration Section Division of Corpor	วก		

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

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Ft. 32301

To:

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

CAJUN HOME WORKX LLC	
(Name of the Limited Liability Company as it now as (A Florida Limited Liability Compa	ppears on our records.) any)
The Articles of Organization for this Limited Liability Company were filed or Florida document number L22000125262	n 03/11/2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compan	<u>ıy here</u> ;
Cajun HomewoRx LLC	
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:	2022 1
(Principal office address MUST BE A STREET ADDRESS)	SE TH
	8
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	05
	8
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	s on our records, enter the name of the ne
Name of New Registered Agent:	
New Registered Office Address:	
Enter	r Florida street addi ess
	, Florida
City:	7.ip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree to act in t	this capacity. I further agree to comply with th

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

To:

<u>Title</u>	Name	Address	Type of Action
AMBR	Bobbitt, Scott	4019 HIGHWAY 297A CANTONMENT, FL 32533	B ∧dd
			☐ Remove
			Change
			☐ Reinove
			Change
			D Add
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			□ Change
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Note: If the	te, if other than the date of late is listed, the date must be spe date inserted in this block do effective date on the Departm	es not meet the applicable st	(op of filing or more than 90 days of atutory filing requirements, t	tional) for filing.) Pursuant to 605.0207 his date will not be listed as
the record : The 90th	specifies a delayed effer day after the record is	ctive date, but not an of sfiled.	effective time, at 12:01	a.m. on the earlier of
Dated	Sept. 9	2022		
	Alexson			

Page 3 of 3

Typed or printed name of signoc

Filing Fee: \$25.00