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COVER LETTER

· TO:

Registration Section

Tallahassee, FL 32314

Division of Co	orporations		
SUBJECT:	Warder Works Name of Lim	Oecomo Solvicos LLO ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Tatya	Name of Person	
	Worler	Works Cleaning Soluti	ons UC
	1325 WT	Thorpe Street Address	
	Tallabass	City/State and Zip Code	
For further information	E-may address: (cation)
Isiah Silv Name		at (880) 782-20	225 Telephone Number
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)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 63	Section Corporations	Street Address: Registration Sect Division of Corp The Centre of Ta	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabil	Lity Company as it now appears on la Limited Liability Company	our records.)
The Articles of Organization for this Limited Liability C		1 1 2000 and assigned
This amendment is submitted to amend the following:	<u> </u>	
A. If amending name, enter the new name of the lim Wonches Works Solution The new name must be distinguishable and contain the words "Lin	 	ection "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our recor	ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Emer Florida s	treet address
	City	. Florida Zıp 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

<u>Title</u>	Name	Address	Type of Action
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□ Change
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			□Change

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f an effec <u>Note:</u> H	e date, if other than the date of filing:
record d is 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 .
Dated _	May 30.3033 Tayora Ware Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member