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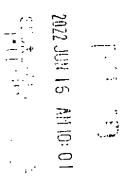
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Name Change

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D CUSHING

COVER LETTER

Registration Section Division of Corporations

TO:

	le Works LLC			
SUBJECT:	Name of Limi	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are subt	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Colin Keith Murphy			
		Name of Person		
	M's Versatile Works LLC			
Firm/Company				
	102 Foxcross Ave			
		Address		
	St. Augustine, FL. 32092			
		City/State and Zip Code		
	colin.murphy81@gmail.com		وم	23
	E-mail address: (to be used for future annual report notification))22 .
For further information of	concerning this matter, please co	all:		2022 JUN 15
Colin Keith Murphy		682 465-4498 at ()		
Name o	of Person	Area Code Daytime Telephone Number		A:1 10:
			·).
Enclosed is a check for t	he following amount:		: •	
□ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Fil Certified Copy (additional copy is enclosed)	e of Statu Copy	
Mailing Addre Registration Division of C P.O. Box 637	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 8	10	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	City .	Zip Code
	. Florie	da
New Registered Office Address:	Enter Florida street address	
Name of New Registered Agent:		
XI CXI Da -Leurad Avant:		
agent and/or the new registered office address here:	:	
B. If amending the registered agent and/or registered	ed office address on our records, <u>enter the</u>	name of the new registere
		• •
Maning address MAT BE AT OUT OF THEE BOLD		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
Enter new mailing address, if applicable:		-13 🚍
		17. J
(Principal office address MUST BE A STREET ADD.	KLSS)	20
		
Enter new principal offices address, if applicable:		
M's Versatile Works LLC The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
and the state of t		
A. If amending name, enter the new name of the lim	nited liability company here:	
This amendment is submitted to amend the following:		
Florida document number 1.22000210061	 ·	
The Articles of Organization for this Limited Liability C		and assigned
		and assigned
(Name of the Limited Liabili (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
M's Versaitle Works LLC		

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