

L230001216036

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

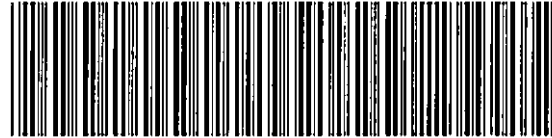
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE

APR - 4 2023

Office Use Only



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04/04/23--01001--005 **25.00

RECEIVED
2023 FEB -4 AM 9:08
SECRETARY
FALL ARIZONA
2023 APR -4 AM 9:10
U.S. OFFICE
REGISTRARS
TALLAHASSEE, FLORIDA

COVER LETTER

Registration Section
Division of Corporations

SUBJECT: Workmans Permitting Services LLC
Name of Limited Liability Company

- Enclosed Articles of Amendment and fee(s) are submitted for filing.
- Return all correspondence concerning this matter to the following.

Felicia Workman
Name of Person

Firm Company

4718 Caputo Ave
Address

North Port FL 34288
City, State and Zip Code

fworkman1029@gmail.com
E-mail address (to be used for future annual report notification)

• Other information concerning this matter, please call:

Felicia Workman at (941) 740-4048
Name of Person Area Code Daytime Telephone Number

• I am enclosing a check for the following amount:

- ☒ \$0.00 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 Address:

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

Street Address:

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Workmans Permitting Services

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

2023 FEB -4 AM 9:08

SECRETARY
LUCAS

Articles of Organization for this Limited Liability Company were filed on 03/08/23 and assigned
file document number L23000121636

amendment is submitted to amend the following:

If amending name, enter the new name of the limited liability company here:

new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

If new principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS

If new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
City Zip Code

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 understand 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

ending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
removed from our records:

MR = Manager

MR = Authorized Member

Name

Address

Type of Action

mgr Felicia Workman

4118 Caputo Ave

☒ Add

North Port FL 34288

☐ Remove

☐ Change

☐ Add

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[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

dated ~~05~~ 05/04/23 ^{Fo}

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00