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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	•			
SUBJECT:	OP VENDORS, LLC Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	BRENDA PLAZA			
		Name of Person		
	VELOCE ACCOUNTANT	TS, LLC		
		Firm/Company		
	906 TAYLOR LN			
		Address		
	LEHIGH ACRES, FL 339	36		
		City/State and Zip Code		••
	VELOCEACCOUNTANT			• •
		to be used for future annual report not	tication)	ંો
For further information c	oncerning this matter, please c	all:		
BRENDA PLAZA		239 265-4690		
Name o	f Person	at ()	ie Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Co (additional cor	of Status & PPY
Mailing Addres		<u>Street Address:</u> Registration Se	ction	
Division of C		Division of Co		
P.O. Box 632		The Centre of T		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KWIK STOP VENDORS, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ______06/09/2023 and assigned Florida document number 1.23000280813 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: GET IT DONE LABOR, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. 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 ___

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
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			□Remove
			Change
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ctive date, if other than the date of filing: (option effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after the first date inserted in this block does not meet the applicable statutory filing requirements, this current's effective date on the Department of State's records.	n al) ling.) Pursuant to 605.020 late will not be listed a
ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) filed.	The 90th day after th
May 13 . 2024	
Signature of a member or authorized representative of a member	