L23000294290

(Requestor's Name)	
(Address)	
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(Document Number)	
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COVER LETTER

TO:

TO:	Registration Se Division of Cor		•	
cup ic	TMWRKL	LC	•	
SUBJE	CT:	Name of Limi	ited Liability Company	_
The end	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please 1	eturn all correspo	ndence concerning this matter	to the following:	
		CAROLYN RUBY		
			Name of Person	
		TMWRK LLC		
			Firm/Company	
		4219 70TH ST CIR E		
			Address	
		PALMETTO FL 34221		
		carolyn.ruby@tmwrk.io	City/State and Zip Code	
		•	to be used for future annual report notification)	
For fur	ther information c	oncerning this matter, please ca	الد	
Caroly	n Ruby		727 277-9032 at ()	
	Name o	f Person	Area Code Daytime Telephone Nu	mber
Enclose	ed is a check for th	ne following amount:		
■ \$25	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Cert	00 Filing Fee, ificate of Status & ified Copy tional copy is enclosed)
	Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Surallahassee, FL 32303	ite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TMWRK LLC		
(Name of the Limiter	d Liability Company as it now appears on our records A Florida Limited Liability Company)	,
The Articles of Organization for this Limited Lia Florida document number L23(00)294290	bility Company were filed on 6/19/2023	and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of t	the limited liability company here:	
TMWRK Brokerage, LLC		
The new name must be distinguishable and contain the wo	rds "Limited Liability Company." the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	(ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	3OX)	
B. If amending the registered agent and/or re	gistered office address on our records, enter t	the name of the new register
agent and/or the new registered office address	·	252
Name of New Registered Agent:		
		٥
New Registered Office Address:	F . C . 1	
	Enter Florida street address	in the second se
	, Flo	orida
	City	Zip 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>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			□Change
			□Add
			□Remove
		□Change	
		□Add	
		 	□Remove
	<u> </u>	□Change	
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			□Remove
			□Change
	······································	🗆 Add	
			□Remove
		□Change	
			□Ađd
			□ Remove
			□ Change

(If an c	tive date, if other than the date of filing:
he reco	ord 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 filed.
Dated	July 25 2023.
	Signature of almember or authorized representative of a member

Filing Fee: \$25.00