

L23 CCC 327L31

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

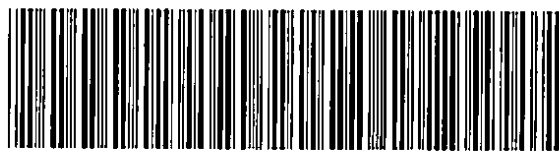
(Document Number)

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DIVISION OF CORPORATIONS

2023 AUG - 1 PM 3:34

RECEIVED
ALLAHASSEE, FLORIDA

EST 1923

R. HUNT

08/01/23

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from I20210000160: \$25.00

Authorization Signature: _____

PromoWrks LLC P23000327038



BUSINESS

DOC#

___ **Certified Copy of Articles**

___ **Certificate of Status**

NEW FILINGS

___ Profit Corp
___ Not for Profit
___ Officer/Director
___ Limited Liability
___ Domestication
___ Other
___ **CORP**
___ **LLP**

AMENDMENTS

X Amendment
___ Resignation of R.A. or member
___ Dissolution
___ Change of Registered Agent
___ Revocation of Dissolution
___ Merger
___ **Conversion**
___ **Amended and restated Articles**
___ **Statement of Correction**

OTHER FILINGS

___ **Trademark**
___ Annual Report
___ **NOTARY REGISTRATION**
___ Fictitious Name
___ **APOSTILLE**

Country

REGISTRATION/QUALIFICATIONS

___ Foreign filing
___ Limited Partnership
___ Reinstatement
___ Other

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PromoWrks LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sofia Gonzalez-Goodell

Name of Person

PromoWrks

Firm/Company

6205 S Selbourne Ave

Address

Tampa FL 33611

City/State and Zip Code

sofia@promowrks.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sofia Gonzalez-Goodell

813

765.0601

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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

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DIVISION OF CORPORATIONS
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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PromoWrks 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 7/10/2023 and assigned
Florida document number 1.23000327038.

This amendment is submitted to amend the following:

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

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

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)

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DIVISION OF CORPORATIONS
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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

City

Florida

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 Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	<u>Type of Action</u>
AR	Sofia Goodell	6205 S Selbourne Ave	<input type="checkbox"/> Add
		Tampa Fl 33611	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	Sofia Gonzalez-Goodell	6205 S Selbourne Ave	<input checked="" type="checkbox"/> Add
		Tampa Fl 33611	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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DIVISION OF CORPORATIONS

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

THE
SECRETARY OF STATE
DIVISION OF CORPORATION

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record 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 record is filed.

Dated August 1, 2023

Signature of a member or authorized representative of a member

Sofia Gonzalez-Goodell

Typed or printed name of signee