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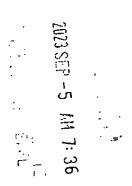
(Requestor's Name)
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☐ PICK-UP ☐ WAIT ☐ MAIL
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Certified Copies Certificates of Status
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Special Instructions to Filing Officer:

Office Use Only



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9/19/2023

COVER LETTER .

TO: Registration So Division of Cor			
SUBJECT:	XXI Works	s 11e	
	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:	
	Tiltani	e (Simmon	<u>S</u>
		Firm/Company	
	3/6/ Ws	a Kland Purk Blue	1 # 2055
		Address	
	fort lavo	lerdale Fl 3. City/State and Zip Code	3 <i>3</i> //
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please co	all:	
	-	at (454) 629 Area Code Daytime	-6823
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
△ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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**

2023 SEP -5 AM 7: 36

	XXI WORKS LLC		
(Name of the Limite	d Liability Company as it now appears on or A Florida Limited Liability Company)	ir records.)	77 () 4 ()
The Articles of Organization for this Limited Lin Florida document number $2230039/$	ability Company were filed on $\frac{8/2}{359}$.	1/2023	and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability company here:		
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designati	on "LLC" or the a	bbreviation "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	<u>ox</u>		
B. If amending the registered agent and/or registered agent and/or the new registered office address	zistered office address on our records, <u>here</u> :	enter the nam	e of the new registered
Name of New Registered Agent:	_ Tiffanie L. Sim	nmons	
New Registered Office Address:	3/6/ Weakland Pa	rk blud	H2055
	3/b/ Wakland Par Enter Florida street fort lauderdale City	i address . Florida	353//
N. B. L. B. C.	City		Zip Code
New Registered Agent's Signature, if changing Re-	gistered Agent:		

N

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>	Address	Type of Action
AMBR	Tiffunie Simmons	3161 W. oakland Park blo	10 Add
		Sort lauderolate FL, 33311 H2055	□Remove
4.10			Change
AMBR	Ryan Simmon'S	3161 woakland Purk bl	1d DAdd
		fort landerdale, FL 3331	□Remove
		#2055	□ Change
			□Remove
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ffectiv	re date, if other than the date of filing:
<u>Vote:</u> 1	etive 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 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nt's effective date on the Department of State's records.
record is file	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 d.
ated	8.29.2023
_	The same of the sa
_	Signature of a member or authorized representative of a member

Filing Fee: \$25.00