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COVER LETTER

TO: Registration So Division of Cor				
Loadworx	LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Patricio Ortiz			
		Name of Person		
	Loadworx, LLC			
		Firm/Company		
13048 Waterford Wood Circle Apt. 207				
		Address		
	Orlando, FL 32828			
	portiz120@gmail.com	City/State and Zip Code		
	E-mail address: (to be used for future annual report notification)	
For further information c	oncerning this matter, please c	all:	1. 2	
Patricio Ortiz		407 407-590-2282		
Name o	f Person	Area Code Daytime Telepi	hone Number	
Enclosed is a check for the	he following amount:		198 AH 9:	
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. So Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section Division of Corporations		Street Address: Registration Section Division of Corporati	ons	
P.O. Box 6327		The Centre of Tallaha		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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 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	_
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B. If amending the registered agent and/or registered office address on our records, enter the name of the agent and/or the new registered office address here:	<u></u>
B. If amending the registered agent and/or registered office address on our records, enter the name of the agent and/or the new registered office address here:	<u>က</u> ယ
agent and/or the new registered office address here:	new registere
_	
Name of New Registered Agent: Rosanny Perez Garcia	
New Registered Office Address: 13048 Waterford Wood Circle Apt. 207	
Enter Florida street address	
Orlando . Florida 32828	
City Zip Co	rde

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>		Address	Type of Action
MGR		- Rosanny Perez Garcia	13048 Waterford Wood Circle Apt. 207 Orlando, FL 32828	🖻 Add
				□Remove
			••••	□Change
				□Remove
				□Change
				□Add
				PRemove
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				□ Change

Typed or printed name of signee