## L24000343151



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## **COVER LETTER**

10: Registration Section of Corp.			
SUBJECT:	AMENA WO	rks	
30bJr.C1;	Name of Limi	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	James J	ean-Jacques Name of Person	
	<u>Camen</u>	a Works, LLC Firm/Company	
	6700 NW	14th CT. Address	
	Plmtati	on, FL 33317 City/State and Zip Code	
		AMENAWORKS. COM to be used for future annual report notific	cation)
For further information cor	ncerning this matter, please ca	all:	
James Jea	n-Jacauts	at (786) 210 - 5	5225
, unit			
Enclosed is a check for the	following amount:		
∑ \$25.00 Filing Fee	S30.00 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 Se		Street Address: Registration Sect	tion
Division of Co	rporations	Division of Corp	orations

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

CAMENA WORKS, LLC	
(A Florida Limited Liability Company as it	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Com-	Slad on 08/01/2024
Florida document number <u>L24000343151</u>	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability cor	mpany here:
The new name must be distinguishable and contain the words "Limited Liability Comp	
Enter new principal offices address, if applicable:	and designation "LLC or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDRESS)	
<del></del> -	20 S <sub>2</sub>
Enter new mailing address, if applicable:	F 60
(Mailing address MAY BE A POST OFFICE BOX)	75 O
	Si P
B. If amending the registered agent and/or registered office address o agent and/or the new registered office address here:	n our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
E	nter Florida street address
City	, Florida
New Registered Agent's Signature, if changing Registered Agents	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>	Address	Type of Action
MGR	James Jean-Jacques	6700 NW 4th CT.	WAdd
		Plantation, FL 33317	□Remove
			□Change
			□Add
			□Remove
			□Change
			DAdd
			□Remove
			_ □Change
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•			□Add □Remove
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			⊡Add □Remove
•			Denange 3

Effective date, if other than the date of filing:  (optional)  If an effective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.  He 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 dis filed.  Dated  Signature of a member or authorized representative of a member	_	
Effective date, if other than the date of filing:		
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Dated,  Signature of a member or authorized representative of a member	Note: 1	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as:
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Signature of a member or authorized representative of a member	Dated _	,
Signature of a member or authorized representative of a member		7))nf
,		
		JAMES Jear-VacauES Typed or printed name of signee

Filing Fee: \$25.00