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| Name: | GOVWOR | KS LLC | |
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| Order #: | 11459759 | | |
| Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: | | | |
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Thank you!

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

| Name of limited liability Company as | | | | |
|--|---|--|---|---|
| State: | GOVWORK | S LLC | | <u> </u> |
| Enter new principal office address, if app | licable: | | | |
| (<u>Principal office address</u> MUST BE A STREET ADDRESS) | | | | P |
| Enter new mailing address, if applicable: (Mailing address) MAY BE A POST OFFICE BOX) | | | | |
| 2. The Florida document number of this li | mited liability compan | y is: <u>M1800000</u> | 2552 | |
| 3. Jurisdiction of its organization: <u>Delaw</u> | are | | ······ | |
| 4. Date authorized to do business in Flori | ida: March 14, 2018 | | | |
| SECTION II (5-9 complete only the app | plicable changes) | | | |
| 5. New name of the limited liability comp | pany: <u>GW Transitional</u> (must contain "Lim | , LLC ited Liability C | ompany, " "L.L.C. | ," or "LLC.") |
| (If name unavailable, enter alternate name copy of the written consent of the manage must contain "Limited Liability Company | ers or managing membe | rs adopting the | g business in Florid alternate name. Th | la and attach a e alternate name |
| 6. If amending the registered agent and/or registered agent and/or the new registered | registered officer addr office address here: | ess on our reco | rds, enter the name | of the new |
| Name of New Registered Agent: | | . <u> </u> | | |
| New Registered Office Address: | | Posts Elem | ida Street Address | |
| | | Enter Plor | | |
| | | City | , Florida | Zip Code |
| New Registered Agent's Signature, if cha I hereby accept the appointment as regist the provisions of all statutes relative to the and accept the obligations of my position document is being filed to merely reflect a liability company has been notified in wri | ered agent and agree to be proper and complete as registered agent as a change in the register | o act in this cap performance of provided for in | acity. I further agr f my duties, and I a Chapter 605, F.S. | ee to comply with m familiar with Or, if this |
| | If Changing Regis | tered Agent, Si | gnature of New Re | gistered Agent |

| itle/ Capacity | Name | <u>Address</u> | Type of Action |
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| aforementioned an | icate, if required: no more than 90 days nendment(s), duly authenticated by the the law of which this chitiy is organized | official having custody of reco | ords in the |

Filing Fee: \$25.00

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF AMENDMENT OF "GOVWORKS LLC",
CHANGING ITS NAME FROM "GOVWORKS LLC" TO "GW TRANSITIONAL,
LLC.", FILED IN THIS OFFICE ON THE TWENTY-FIFTH DAY OF
FEBRUARY, A.D. 2019, AT 7:08 O'CLOCK P.M.





Jeffrey W. Budlock, Secretary of State

Authentication: 202325117

State of Delaware
Secretary of State
Division of Corporations
Delivered 07:08 PM 02/25/2019
FILED 07:08 PM 02/25/2019
1 20191377088 - File Number 6387509

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF FORMATION OF GOVWORKS LLC

Pursuant to Delaware law, the undersigned company adopts the following Certificate of Amendment to its Certification of Formation:

- 1. The name of the Company is GOVWORKS LLC.
- 2. The Certificate of Formation of the limited liability company is hereby amended as follows:

FIRST: The name of the limited liability company formed hereby is: GW TRANSITIONAL, LLC.

- 3. This Amendment to the Certificate of Formation shall become effective upon the filing of same with the Secretary of State of the State of Delaware.
- 4. Except as hereby amended, the Certificate of Formation shall remain the same.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment to Certificate of Formation of GOVWORKS LLC as of the 25th day of February, 2019.

| /s/Noemi Romero | |
|-------------------|------|
| Authorized Person | |