# L1900000 3718

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## **COVER LETTER**

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cun iec		Collective LLC						
SUBJEC	,1: <u>_</u>	Name of Limited Liability Company						
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.					
Please re	turn all correspo	ondence concerning this matter	to the following:					
	Workspace Collective LLC  Name of Limited Liability Company  enclosed Articles of Amendment and fee(s) are submitted for filing.  ase return all correspondence concerning this matter to the following:  Adam Ramsay  Adam Ramsay  Name of Person  Workspace Collective LLC  Firm/Company  6595 Kyrkham Ct  Address  Sanford, FL. 32771  City/State and Zip Code  adam.w.ramsay@gmail.com  E-mail address: (to be used for future annual report notification)  further information concerning this matter, please call:  am Ramsay  Name of Person  Name of Person  Name of Person  Name of Person  Sclosed is a check for the following amount:  \$255.00 Filing Fee  \$360.00 Filing Fee,							
		Workspace Collective LLC		ompany  Terson  Terson  Terson  Toda-2840  T				
		6595 Kyrkham Ct	rim/Company					
		Sanford, FL. 32771	Name of Person  C  Firm/Company  Address  City/State and Zip Code om  C(to be used for future annual report notification)  call: at (					
		adam.w.ramsay@gmail.com						
		E-mail address: (	to be used for future annual report notif	ication)				
For furth	er information c	oncerning this matter, please co	all:					
Adam R	amsay							
	Name o	f Person	Area Code Daytime	: Telephone Number				
Enclosed	l is a check for t	he following amount:						
<b>\$25.</b> 0	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy				

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

any as it now appears on our record Liability Company)	<u>is,</u> )
y were filed on 1/02/2019	and assigned
oility company here:	
flity Company " the designation "LLC	"" or the abbreviation "[ [ C "
6595 Kyrkham Ct	of the approviation E.E.C.
Sanford, FL 32771	
	<del></del>
6595 Kyrkham Ct	AR F
Sanford, FL 32771	
office address on our record	s, enter the name of the
<u>re</u> :	
	· ·
Enter Florida street addres	ss
	orida Zip Code
	bility company here:  fility Company," the designation "LLC 6595 Kyrkham Ct Sanford, FL 32771  6595 Kyrkham Ct Sanford, FL 32771  office address on our recording:  Enter Florida street address

#### 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	Robert Kubier	367 Brassie Dr Longwood, FL 32751	□ Add
			≅ Remove
			☐ Change
			Add
			Remove
			Change
			□ Remove
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		2/1/2019		
`an effective da Note: If the d	late inserted in this bloc	e specific and cannot be prior to da	(optional) te of filing or more than 90 days after filing.) Pursuan statutory filing requirements, this date will not	t to 605,0207 be listed as
	pecifies a delayed e day after the recor		effective time, at 12:01 a.m. on the	earlier of
Pated April 1		2019		
		AR		
•	Ší	gnature of a metabol or authorized	representative of a member.	<del></del>
Ad	am Ramsay	_	ROB KOBIER	

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Typed or printed name of signee

Filing Fee: \$25.00