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PICK-UP	☐ WAIT	MAIL
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(Docu	ment Number)	
Certified Copies	Certificate	s of Status
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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT:	THE ON	E COWORK LLC	
SUBJECT.	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:	
		TODD D KENIG	
		Name of Person	
		THE ONE COWORK LLC	
		Firm/Company	
		4800N FEDERAL HWY STE B20	00
		Address	
		BOCA RATON FL 33431	
		City/State and Zip Code	
		TODDKENIG@GMAIL.COM to be used for future annual report r	notification)
For further information c	oncerning this matter, please c		•
TODD K	ENIG	at (<u>646</u>)	226-7425
Name o	t Person	Area Code Day	time Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25,00 Filing Fee	☑ \$30,00 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 Addres Registration		Street Address: Registration S	
Division of C	Corporations	Division of C	Corporations
P.O. Boy 632	7	The Centre of	f Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

- ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE ONE COWORK LLC

The Articles of Organization for this Limited Liab	vility Company were filed on	03/08/2019	and assigned
Florida document numberL19000059835			tale tissighted
his amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of the	he limited liability company he	ere:	
he new name must be distinguishable and contain the word	ds "Limited Liability Company," the d	lesignation "LLC" or the	abbreviation "L.L.C."
Inter new principal offices address, if applicab		C	
Principal office address MUST BE A STREET			
The span office and ess. The of the Transcon			
Inter new mailing address, if applicable:			
<u>Mailing address MAY BE A POST OFFICE BO</u>	<u></u>		<u> </u>
<u>Mailing address MAY BE A POST OFFICE BO</u>	<u></u>		
<u>Mailing address MAY BE A POST OFFICE BO</u>	<u> </u>		
3. If amending the registered agent and/or reg	istered office address on our r	ecords, enter the na	ime of the new regis
Mailing address MAY BE A POST OFFICE BO 3. If amending the registered agent and/or registered office address	istered office address on our r	ecords, enter the na	ime of the new regis
B. If amending the registered agent and/or reg gent and/or the new registered office address	istered office address on our r	ecords, <u>enter the na</u>	ime of the new regi
3. If amending the registered agent and/or registered affice address sent and/or the new registered office address sent amends of New Registered Agent:	istered office address on our r	ecords, <u>enter the na</u>	ime of the new regi
3. If amending the registered agent and/or reg	istered office address on our r here:	records, enter the na	ime of the new regis
3. If amending the registered agent and/or reggent and/or the new registered office address: Name of New Registered Agent:	istered office address on our r here:	rida street address	2022 Já
3. If amending the registered agent and/or registered affice address sent and/or the new registered office address sent amends of New Registered Agent:	istered office address on our r here:		2022 C
B. If amending the registered agent and/or reggent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address:	istered office address on our r here: Enter Floo City Pistered Agent:	rida street address , Florida _	ZipCode
3. If amending the registered agent and/or registered and/or the new registered office address Name of New Registered Agent: New Registered Office Address: New Registered Office Address:	istered office address on our rehere: Enter Flor City Eistered Agent: agent and agree to act in this of	rida street address, Florida _ capacity. I further i	ZipCode ZipCode ZipCode
3. If amending the registered agent and/or registered and/or the new registered office address: Name of New Registered Agent: New Registered Office Address: New Registered Office Address: hereby accept the appointment as registered a provisions of all statutes relative to the proper	istered office address on our rehere: Enter Flor City eistered Agent: agent and agree to act in this of and complete performance of	rida street address, Florida _ capacity. I further & f my duties, and I an	Zip Code Zip Code Zip Code Zip Code Zip Code Zip Code
3. If amending the registered agent and/or registered and/or the new registered office address Name of New Registered Agent: New Registered Office Address: New Registered Office Address:	istered office address on our r here: Enter Floo City eistered Agent: agent and agree to act in this of and complete performance of ered agent as provided for in (rida street address, Florida capacity. I further & f my duties, and I an Chapter 605, F.S. O	Zip Code Zip Code igree to comply with and in A this Jocument

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	GERALD HAFFEY	4800N FEDERAL HWY B200 BOCA RATON FL 33431	��Add
			□ Remove
			□Change
			□Add
			□Remove
		□Add	
			□Remove
			□Add
		□ Remove	
		Change	
		□Add	
	 	□Remove	
		Change	
			□Add
			□Remove
			□Change

). If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	<u> </u>
<u></u>	
Note: If th	late, if other than the date of filing:
the record spectord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	JANUARY 4TH 2022
•	Signature of a member or authorized representative of a member
	TODD D KENIG
•	Typed or printed name of signee

EU E 685.00