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23 JUN 28 AM 10:45
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DESKUP US LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Horacio P Justiniano Gonzalez
Name of Person

DESKUP US LLC
Firm/Company

6187 NW 167th Street, Suite H-36
Address

Miami Lakes, FL 33015
City/State and Zip Code

horacio.justiniano@co-work.cl
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Juan J. Itriago at (786) 8126161
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 Address:
 Registration Section
 Division of Corporations
 P.O. Box 6327
 Tallahassee, FL 32314

Street Address:
 Registration Section
 Division of Corporations
 The Centre of Tallahassee
 2415 N. Monroe Street, Suite 810
 Tallahassee, FL 32303

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

FILED
23 JUN 28 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DESKUP US LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 1/27/2020 and assigned
Florida document number L20000022154.

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 "L.L.C."

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 new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____

City

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Cowork Hold SpA	6187 NW 167th Street, Suite H-36	<input type="checkbox"/> Add
		Miami Lakes, FL 33015	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Horacio P Justiniano Gonzalez	6187 NW 167th Street, Suite H-36, Miami Lakes, FL	<input checked="" type="checkbox"/> Add
		Miami Lakes, FL 33015	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Felipe Brito	6187 NW 167th Street, Suite H-36, Miami Lakes, FL	<input type="checkbox"/> Add
		Miami Lakes, FL 33015	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Sebastian O'Ryan	6187 NW 167th Street, Suite H-36, Miami Lakes, FL	<input checked="" type="checkbox"/> Add
		Miami Lakes, FL 33015	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

- Article VI to be amended as follows:

"Article VI: The name and address of person(s) authorized to manage the LLC:

Title: MGR, Horacio P JUSTINIANO GONZALEZ - 6187 NW 167th Street, Suite H-36, Miami Lakes, FL 33015

Title: MGR, Sebastian O'RYAN - 6187 NW 167th Street, Suite H-36, Miami Lakes, FL 33015"

- Articles VII through XII to be deleted.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the 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 record is filed.

Dated June 5, 2023

DocuSigned by:

Horacio Justiniano

Signature of a member or authorized representative of a member

Horacio P. Justiniano Gonzalez

Typed or printed name of signee