

K2000041068

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

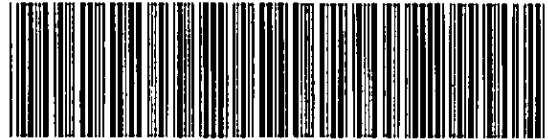
(Document Number)

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05/20/22--01020--001 **35.00

2022 AUG -5 PM 4:23
CUSHING

Amend

AUG 2 2022

D CUSHING

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: ID Workplace

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:

Craig Greenberg

Name of Person

ID Workplace, LLC

Firm/Company

4171 West Hillsboro Blvd STE 13

Address

Coconut Creek, FL 33071

City/State and Zip Code

Craig2124@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Craig Greenberg

954

752-8130

at (_____) _____

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

2022 AUG -5 PM 4:23

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 21, 2022

CRAIG GREENBERG
4171 WEST HILLSBORO BLVD, STE 13
COCONUT CREEK, FL 33071

SUBJECT: ID WORKPLACE, LLC
Ref. Number: L21000041068

RECEIVED
AUG 05 2022
BY: _____

We have received your document for ID WORKPLACE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews
OPS

Letter Number: 622A00016346

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

ID Workplace, LLC

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

2022 AUG -5 PM 4:23
FILED
CLERK OF COURT
JANUARY 21 2021

The Articles of Organization for this Limited Liability Company were filed on 01/21/2021 and assigned
Florida document number L2100041068.

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:

Philip Garroway

New Registered Office Address:

4171 West Hillsboro Blvd STE 13

Enter Florida street address

Coconut Creek

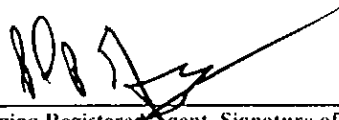
City

Florida 33071

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

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

E. Effective date, if other than the date of filing: 05/16/2021 (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

AUGUST 15, 2022

Signature of a member or authorized representative of a member

CRAIG GREENBERG

Typed or printed name of signee

Filing Fee: \$25.00