

9/11/23, 3:20 PM

Division of Corporations

Florida Department of State  
 Division of Corporations  
 Electronic Filing Sheet  
**L230003192233 415417**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H230003192233)))



H230003192233ABCZ

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To:

Division of Corporations  
 Fax Number : (850)617-6383

From:

Account Name : JECK, HARRIS, RAYNOR & JONES, P.A.  
 Account Number : 120000000210  
 Phone : (561)746-1002  
 Fax Number : (561)775-0270

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: eproenza@jhrjpa.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 FUNCTIONAL SPACES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

SEP 13 2023

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

Functional Spaces, 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 09/07/2023 and assigned  
Florida document number L23000415417.

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)

7152 SE Twin Oaks Circle

Stuart, FL 34997

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7152 SE Twin Oaks Circle

Stuart, FL 34997

**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

City

Florida

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

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DocuSign Envelope ID: 4E2DA947-7893-4C61-BC9A-42B958C8CC11

If attaching Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Sylvie Angers	7152 SE Twin Oaks Circle	<input type="checkbox"/> Add
		Stuart, FL 34997	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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**Filing Fee: \$25.00**