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| Special Instructions to Filing Officer: |
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Office Use Only



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Cover Letter:

José Luis Jaimes

P.H. 3212461360

Address:

1811 Derby 6len Dr.

Ozlando, Fl., 32837

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

| Division of Cor | | | |
|-------------------------------|--|---|---|
| SUBJECT: | S WORK SPACE LLC Name of Lim | | |
| | 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: | |
| · | • | - | |
| | JOSE LUIS JAIMES | | |
| | | Name of Person | |
| | CONEXUS WORK SPAC | TE LLC | |
| | | Firm/Company | |
| | 2419 LAKE ORANGE DE | ₹. | |
| | | Address | |
| | ORLANDO, FL. 32837 | | |
| | | City/State and Zip Code | |
| | СНЕРЕЈОТА@ҮАНОО.С | | |
| | E-mail address: (| to be used for future annual report noti | fication) |
| For further information c | oncerning this matter, please c | all: | |
| JOSE LUIS JAIMES | | 321 2461360 | |
| Name o | f Person | at () Area Code Daytim | e Telephone Number |
| Enclosed is a check for the | ne 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 S | | <u>Street Address:</u> Registration Se | ction |
| Division of C | | Division of Cor | |
| P.O. Boy 632 | 7 | The Centre of T | 'allabassee |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| CONEXUS WORK SPACE LLC | | |
|--|---|--|
| (Name of the Lim | ited Liability Company as it now appo (A Florida Limited Liability Company | ears on our records.) |
| The Articles of Organization for this Limited I Florida document number L24000090068 | Liability Company were filed on C | 02/20/2024 and assigned |
| This amendment is submitted to amend the fol | lowing: | |
| A. If amending name, enter the new name of | of the limited liability company | here: |
| 120 CO LLC | | |
| The new name must be distinguishable and contain the | words "Limited Liability Company," the | e designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if appli | cable: | - 2 |
| Principal office address MUST BE A STRE. | | SF |
| | | 0 |
| | <u>=-</u> | A. F. m |
| Enter new mailing address, if applicable: | | 呈 |
| (Mailing address MAY BE A POST OFFICE BOX) | | 30 m |
| | | ्रिं ज |
| | | |
| If amending the registered agent and/or agent and/or the new registered office address | | records, enter the name of the new register |
| Name of New Registered Agent: | JOSE LUIS JAIMES | |
| New Registered Office Address: | 1811 DERBY GLEN DR. | |
| Ten inglinered Critics (Milless). | Enter F | lorida street address |
| | ORLANDO | , Florida ³²⁸³⁷ |
| | 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> | Address | Type of Action |
|--------------|--------------------------|----------------------|----------------|
| MGR | ANDREINA MALDONADO | 13345 OAKENSHAW LANE | |
| | | ORLANDO, FL. 32832 | ■Remove |
| | | - | □Change |
| MGR | JOSE LUIS JAIMES ACEVEDO | 12091 AMPERSAND DR. | = Add |
| | | ORLANDO, FL., 32832 | □ Remove |
| | | | □ Change |
| | | | |
| | | | Remove |
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| Effective date, if other than the date of filing: [an effective date is listed, the date must be specific and cannot be prior to date of filing or mure than 90 days after filing.) Pursuant to 605 0207 [and the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records. [and the dispectities a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the displace. [and the dispectities are delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the displace. [and the dispectities are delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the displace. [and the dispectities are delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the displace. [and the dispectities are delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the displace. [and the dispectities are delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the displace. [and the dispectities are delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the displace. | | | | | |
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| Signature of a member or authorized representative of a member. Signature of a member or authorized representative of a member. | | | | | |
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Filing Fee: \$25.00