## L24000098038

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer.

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## **COVER LETTER**

' TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
ansur Zen	spaces L.L.C	,	
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
	16.43	minut for Olive	
The enclosed Articles of	Amendment and fee(s) are sub	mateu for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Daniel M	Name of Person	110
	Manaura, s	: Naw & Minac	CCI
		Firm/Company	
	1701 Hermi	tage Blvd, Stc	100
	Tallanasse	City/State and Zip Code	
	danny @ r	Manaul alaw. to be used for future annual report noti	COV (fication)
For further information c	oncerning this matter, please ca	all:	
Katie R	O C r Person	at (850) 597- Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
EX \$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		Street Address: Registration Sec	ction
Registration Section Division of Corporations		Division of Cor	
P.O. Box 632	·	The Centre of T	`allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2024 OCT IS AMIO, EL

(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 2 2 4 5 4 4 5 5 6 6 6 10 10 10 10 10 10 10 10 10 10 10 10 10
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:  2enspaces Group, LLC  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, <u>enter the name of the new registered</u> agent and/or the new registered office address here:
Name of New Registered Agent:  New Registered Office Address:
Enter Florida street address

## New Registered Agent's Signature, if changing Registered Agent:

Zenspaces L.L.C

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.

City

, Florida \_\_\_

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 =	<b>Authorized Member</b>

<u>Title</u>	Name	Address	Type of Action
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Remove
			□Change
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ecord specifies a delayed ef s filed.	fective date, but no	st an effective tin	ne, at 12:01 a.m. o	on the earlier of: (	b) The 90	)th day aft	er the
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