

Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L24/0004/9542

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.

((H24000339097 3)))



H2400033909734BC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : CYAN CONSULTANTS INC.
Account Number : I20180000074
Phone : (321)710-2030
Fax Number : (407)650-3216

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

Email Address: documents@cyancinc.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CONEXUS WORKSPACE LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

RECEIVED

2024 OCT -8 PM 2:03

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

2024 OCT 8 100
X 11 11

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CONEXUS WORKSPACE ORLANDO LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSE LUIS JAIMES

Name of Person

CONEXUS WORKSPACE ORLANDO LLC

Firm/Company

2419 LAKE ORANGE DRIVE #120

Address

ORLANDO, FL 32837

City/State and Zip Code

DOCUMENTS@CYANCINC.COM

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

For further information concerning this matter, please call:

JOSE LUIS JAIMES

407 925-2820
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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CONEXUS WORKSPACE 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 09/26/2024 and assigned
Florida document number L24000419542.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

CONEXUS WORKSPACE ORLANDO 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:

NO CHANGE

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

NO CHANGE

(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:

NO CHANGE

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

FILED
 2024 OCT -8 AM 10:39
 SECRETARY OF STATE
 TALLAHASSEE, FL

