## L17660148488

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## **COVER LETTER**

то:	Registration Division of C	i Section Corporations		
		OF FL, LLC		
SUBJEC	7T:	Name of Lir	nited Liability Company	
The encl	osed Articles	of Amendment and fee(s) are su	bmitted for filing	
Please re	turn all corre	spondence concerning this matte	r to the following:	
		RICHARD WICKS		
		· · · · · · · · · · · · · · · · · · ·	Name of Person	
		ONE ROSE CONSULT	ING, LLC	
			Firm/Company	
		12207 COLONY LAKE	S BLVD.	
			Address	
		NEW PORT RICHIE. F	L 34654	
		RICHARD@1-ROSE.CO	City/State and Zip Code	
		E-mail address:	(to be used for future annual report notification)	
For furtl	ner informatio	on concerning this matter, please	call:	
RICHA	RD WICKS		727 291-0790	
	Nar	ne of Person	at () Area Code — Daytime Teleph	one Number
Enclose	d is a check f	or the following amount:		
□ \$25	.00 Filing Fed	e \$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)
	Division of P.O. Box	on Section of Corporations	Street Address: Registration Section Division of Corporation The Centre of Tallaha 2415 N. Monroe Stree	issee N

Tallahassee, FL 32303

Zoho Sign Document ID: -M2AT8PA5ANCSYW9\_LE40ECI2G5UCIASXERAPCSWA6M

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AVERY OF FL, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our liability Company)	r records.)
The Articles of Organization for this Limited Liability Company Florida document number L17000148488	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Use Avery, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		. La
(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 a agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records	, <u>enter the name of the new registered</u>
N. Designation of COOT on Additional		
New Registered Office Address:	Enter Florida stre	et address
	City	Zip Code
	City	7.47 C Oca
New Registered Agent's Signature, if changing Registered Agent:	•	zaji Oda

If Changing Registered Agent, Signature of New Registered Agent

Zoho Sign Document ID: -M2AT8PA5ANCSYW9\_LE4dECI2G5UCIASXERAPCSWA6M

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

Title	Name	Address	Type of Action
			□Add
			Remove
			□Change
			□Add
			□Remove
			Change
			EJAdd
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March 17Th	2021 	·		. D
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ive date if other than the	date of filing:		(optiona	ıl)
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Filing Fee: \$25.00