## L24000235626

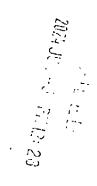
| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| J. HORNE<br>JUL 12 2024                 |

Office Use Only



800430290758

95/05/24--01025--004 \*\*25.00



## **COVER LETTER**

| TO: Registration Sec<br>Division of Con |  |   |  |
|---|--|---|--|
|   | GROUP, LLC   |   |  |
| SUBJECT:                                | Name of Lin  | nited Liability Company   | <del></del>  |
| The enclosed Articles of                | Amendment and fee(s) are sub                         | omitted for filing.   |  |
| Please return all correspondence        | ondence concerning this matter                       | to the following:   |  |
|   | Jeffrey L Cohen                                      |   |  |
|   |  | Name of Person  |  |
|   |  | Firm/Company  |  |
|   | 151 NW 1st Ave                                       |   |  |
|   |  | Address   |  |
|   | Delray Beach, FL 33444                               |   |  |
|   |  | City/State and Zip Code   |  |
|   | jcohen@floridahealthcarela                           |   |  |
| For further information c               | n-mail address: (<br>oncerning this matter, please c | to be used for future annual report notificati<br>all:              | on)  |
| Jeffrey L Cohen                         |  | 561 455-7700  |  |
| Name o                                  | f Person   | Area Code Daytime Fel   | ephone Number  |
| Enclosed is a check for the             | ne following amount:                                 |   |  |
| <b>≘</b> \$25.00 Filing Fee             | □ \$30.00 Filing Fee &<br>Certificate of Status      | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee. Certificate of Status & Certified Copy taddmonal copy is enclosed) |
| Mailing Addres Registration S           |  | <u>Street Address:</u><br>Registration Section                      | n  |
| Division of C                           |  | Division of Corporations  |  |
| P.O. Box 632                            | 7  | The Centre of Talla   |  |
| Tallahassee, I                          | FL 32314   | 2415 N. Monroe St   | reet, Suite 810  |

Tallahassee, FL 32303

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

|   | TO                                  |   |
|---|-------------------------------------|---|
| . ARTICLES C  | OF ORGANIZATION<br>OF               | ur records.)                            |
| ONESHOT GROUP, LLC  |                                     |   |
| (Name of the Limited Liability C  | Company as it now appears on o      | ur records.)                            |
|   | , ,                                 |   |
| The Articles of Organization for this Limited Liability Con   | npany were filed on <u>5/21/202</u> | 4 and assigned                          |
| Florida document number L24000235626  |                                     |   |
| This amendment is submitted to amend the following:   |                                     |   |
| A. If amending name, enter the new name of the limited  | d liability company here:           |   |
| OneSiip Investor Group, LLC   |                                     |   |
| The new name must be distinguishable and contain the words "Limited   | d Liability Company," the designat  | tion "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:   |                                     |   |
| Principal office address MUST BE A STREET ADDRES  | <u> </u>                            |   |
|   |                                     |   |
|   |                                     |   |
| Enter new mailing address, if applicable:   |                                     |   |
| Mailing address MAY BE A POST OFFICE BOX)   |                                     |   |
|   |                                     |   |
| B. If amending the registered agent and/or registered o   | office address on our record        | s, enter the name of the new registe    |
| ngent and/or the new registered office address here:  |                                     |   |
|   |                                     |   |
| Name of New Registered Agent:   | ·                                   |   |
| New Registered Office Address:  |                                     |   |
|   | Enter Florida str                   | eet address                             |
|   | Cin                                 | Florida                                 |
| New Registered Agent's Signature, if changing Registered A  | •                                   | zip Cina                                |
|   |                                     |   |
| hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and com     |                                     |   |
| accept the obligations of my position as registered ager  | nt as provided for in Chapt         | er 605, F.S. Or, if this document is    |
| being filed to merely reflect a change in the registered of<br>company has been notified in writing of this change. | office address. I hereby cor        | nfirm that the limited liability        |
|   |                                     |   |

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

| MGR = M $AMBR = A$ | lanager<br>Authorized Member |         |                |
|--------------------|------------------------------|---------|----------------|
| <u>Title</u>       | <u>Name</u>                  | Address | Type of Action |
|                    |                              |         | □Add           |
|                    |                              |         | □Remove        |
|                    |                              |         | □Change        |
|                    |                              |         | □Add           |
|                    |                              |         | □Remove        |
|                    |                              |         | Change         |
|                    |                              |         | □Add           |
|                    |                              |         | □Remove        |
|                    |                              |         | □Change        |
|                    |                              |         |                |
|                    |                              |         | □Remove        |
|                    |                              |         | □Change        |
|                    | <del></del>                  |         |                |
|                    |                              |         | Remove         |
|                    |                              |         | □Change        |
|                    |                              |         |                |

\_\_\_\_\_ □Remove

| -           |  |
|-------------|--|
| -           |  |
| -           |  |
| -           |  |
| _           |  |
|             |  |
| -           |  |
| -           |  |
| _           |  |
|             |  |
| -           |  |
| -           |  |
| -           |  |
| _           |  |
|             |  |
| -           |  |
| -           | <del></del>  |
| _           |  |
|             |  |
| te:         | ve date, if other than the date of filing:   |
| cor<br>s fi | I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed. |
|             | May 31   |
| ted         |  |
| ted         |  |
| ited        | Signature of a member or authorized representative of a member   |

Filing Fee: \$25.00