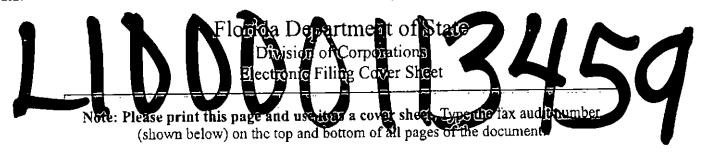
Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

. From:

Account Name : GASSMAN, CROTTY & DENICOLO, P.A.

Account Number : 075350000514 Phone : (727)442-1200

Fax Number : (727)443-5829

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

 Address			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MGMT ONE, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MGMT ONE, LLC	
(Name of the Limited Liability Company as it now appears on nu (A Florida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Company were filed on 10/29/20	10 and assigned
Florida document number L10000113459	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	ion "LLC" or the abbreviation "L.L.C." 2021
(Principal office address MUST BE A STREET ADDRESS)	<u>्र</u> ्वे - जिल्ला
	73 PA
Enter new mailing address, if applicable:	PM 12: 5
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our record	s, enter the name of the new register
agent and/or the new registered office address here:	
No. Chie Buring Armet	
Name of New Registered Agent:	
New Registered Office Address: Enter Florida str.	as address
Enter Florida Su	ee; mm/ess
City	, Florida
	•
New Registered Agent's Signature, if changing Registered Agent:	to 15 de amonto misto de
I hereby accept the appointment as registered agent and agree to act in this capac provisions of all statutes relative to the proper and complete performance of my d	uties, and I am familiar with and

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>	Name	Address	Type of Action
MGR /AMBR	BRIAN BARRETT	2240 BELLEAIR ROAD	\ _Add
		SUITE 100	🖹 Rcmove
		CLEARWATER, FL 33764	Change
MGR	MICHELE BARRETT SKELLY	2240 BELLEAIR ROAD	⊟Add
		SUITE 100	□Remove
		CLEARWATER, FL 33764	Change
			DAdd 2021
			□Add 821 HAR □Remove - 9 □Change F
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Effective date, if other than the fan effective date is listed, the date monotone. If the date inserted in this becoment's effective date on the I	st be specific and cannot be prior to dat lock does not meet the applicable :	(option e of filing or more than 90 days after fastatutory filing requirements, this	nal) iling.) Pursuant to 605.0207 date will not be listed as
record specifies a delayed effecti d is filed.	e date, but not an effective time, a	at 12:01 a.m. on the earlier of: (b)	The 90th day after the
	2021		
March 9	 ,		
Dated March 9	7.		

Filing Fee: \$25.00