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## **COVER LETTER**

Division of Co								
ONE FOI	RALL LLC							
Name of Limited Liability Company								
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.						
Please return all corresp	nondence concerning this matter	to the following:						
	Tamika Jones							
		Name of Person						
	ONE FOR ALL LLC							
	Firm/Company							
	7165 Sienna Ridge Dr							
	<del> </del>	Address	·····					
	Lauderhill, FL US 33319							
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·					
	Brndtjon@aol.com							
	E-mail address: (	to be used for future annual report notif	fication)					
For further information	concerning this matter, please c	all:						
Tamika Jones		754 244-4985 at ()						
Name	of Person	Area Code Daytime	e 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ONE FOR ALL LLC				
(Name of the Lim	ited Liability Company a (A Florida Limited Liab	as it now appears on our recordility Company)	<u>ds.</u> )	_
The Articles of Organization for this Limited I	Liability Company we	re filed on 01/22/2014	and	l assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liability	y company here:		
The new name must be distinguishable and contain the	words "Limited Liability (	Company," the designation "LLC	C" or the abbreviation	ı "L.L.C."
Enter new principal offices address, if appli	cable: _			
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:	-			171
Mailing address MAY BE A POST OFFICE	E BOX)			24
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	-		711	Z
B. If amending the registered agent and registered agent and/or the new registered of		e address on our record	ls, enter the na	me of the ne
Name of New Registered Agent:	Tamika Jones			
New Registered Office Address:	7165 Sienna Ridge			
		Enter Florida street addre		
	Lauderhill	, F	lorida <u>33319</u>	
		City	Zip C	ode

## 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

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>	<u>Name</u>	Address	Type of Action
AMBR	Tamika Jones	7165 Sienna Ridge DR	<b>≅</b> Add
		Lauderhill FL, 33319	Remove
			Change
MGR	Anton Jones	880 SW 49th TER	Add
		Margate FL, 33068	□ Remove
			🗖 Change
MGR	Brandon Ogarro	7165 Sienna Ridge DR	Add
		Lauderhill FL, 33319	☐ Remove
			Change
			<u>&gt;</u> □ Add
			□ Remove
			De State (1997)
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		<del></del>	Change
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			Remove
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`an effecti	ive date is listed, the dathe date inserted in t	ite must be specifi	ic and canno	t be prior to	date of filing	or more than '	90 days after fi	ling.) Pursu	ant to 60	5.020 ted as
	t's effective date on				ie statutoty	5 . • 4	omonis, viiis			
	d specifies a del Oth day after the			but not	an effecti	ve time, a	t 12:01 a.	m. on th	e earl	ier c
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Filing Fee: \$25.00