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| Special Instructions to I | Filing Officer: | |
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August 15, 2017

SCOTT ITKIN 12401 ORNAGE DR STE 222 DAVIE, FL 33330

SUBJECT: ONE DEGREE STRATEGIES, LLC

Ref. Number: L14000016005

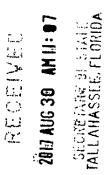
We have received your document for ONE DEGREE STRATEGIES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist II

Letter Number: 117A00016694



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

| ONE DEGREE STRATGIES L'LC | | | |
|---|------------------------------------|---|------------------------------------|
| (Name of the Limited | Liability Compo Florida Limited | iny as it now appears on our re Liability Company) | ecords.) |
| The Articles of Organization for this Limited Lia | bility Company | were filed on JANUARY | 29, 2014 and assigned |
| Florida document number L14000016005 | · | | |
| This amendment is submitted to amend the follow | ving: | | |
| A. If amending name, enter the new name of t | the limited liab | ility company here: | |
| The new name must be distinguishable and contain the wo- | rds "Limited Liabi | lity Company," the designation | "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applical | ble: | 12401 ORANGE DRIVE | STE 222 |
| (Principal office address MUST BE A STREET | ADDRESS) | DAVIE, FL 33330 | |
| | | | ALG. |
| Enter new mailing address, if applicable: | | 12401 ORANGE DRIVE | \$ ω E |
| (Mailing address MAY BE A POST OFFICE BOX) | | DAVIE, FL 33330 | STE 222 |
| B. If amending the registered agent and/o registered agent and/or the new registered offi | | | |
| Name of New Registered Agent: | SOUTH FLOR | IDA TAX | |
| New Registered Office Address: | 12401 ORANG | GE DRIVE STE 222 | |
| | | Enter Florida street a | ddress |
| | DAVIE | | , Florida <u>33330</u> |
| | | City | Zip Code |

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.

Agent, Signature of New Registered Agent

Page 1 of 3

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 | <u>Name</u> | Address | Type of Action |
|-------|-----------------|----------------------------|----------------|
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| ctive date, if other than the da effective date is listed, the date must be | specific and cannot be prior | to date of filing or more | (optional) than 90 days after filing. |) Pursuant to 605.0207 (3 |
| If the date inserted in this block ment's effective date on the Department | does not meet the applicate the applicate the desired and the contract of the contract the contr | ible statutory filing re | quirements, this date | will not be listed as th |
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| ecord specifies a delayed e ne 90th day after the record | ffective date, but not is filed. | an effective time | e, at 12:01 a.m. | on the earlier of: |
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| d AUGUST 4, | . 2017 | • | | |
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Filing Fee: \$25.00