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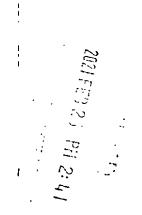
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 1 Way Thinkin	0.110
Name o	of Limited Liability Company
The enclosed Articles of Amendment and fee(s) ar	re submitted for filing.
Please return all correspondence concerning this m	natter to the following:
Lilia V	Name of Person
1 Way Tr	ninting, LLC Pirm/Company
3351 NW	160th street Address
Miami 179	rdenr, FL, 33056 City/State and Zip Code
Vara (@ iw	ress: (to be used for future annual report notification)
For further information concerning this matter, ple	ease call:
Lilia Varas Name of Person	at (305) 794 - 1510 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
✓ \$25.00 Filing Fee & Certificate of State	
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
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. ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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ompany as it now appears on our records.) nited Liability Company)	
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pany were filed on _08 19 2014	and assigned
liability company here:	
Liability Company," the designation "LLC" or the al	obreviation "L.L.C."
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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
AMBR	Liliana Tapia	1333 1. Migmi Ave #302	□Add
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f an effe Note:	ve date, if other than the date of filing:	iling.) Pursuant to 605.0207
recore d is fil	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) ed.	The 90th day after the
Dated _	FBbruary 22 . 2021	
	FBbruary 22 . 2021 . Signature of a member or authorized representative of a member	·
	Liliana Tapia Typed or printed name of signee	