L150000 47688

(Re	questor's Name)	
(Adv	dress)	
(713)	31033)	
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(City	y/State/Zip/Phone	e #)
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COVER LETTER

TO:	Registration Se Division of Co			
SUBJ	ONACE 40	5,LLC		
SUBJ.	ECT:	Name of Lin	nited Liability Company	
The en	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Rodney Caulder		
			Name of Person	
		ONACE 46 LLC		
			Firm/Company	
		1300 Stonehaven Ct		
			Address	
		Wilmington, NC 28411		
		rodcaulder@yahoo.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For fur	ther information c	oncerning this matter, please ca	all:	
Rodne	y Caulder		910 6200137	
	Name o	f Person		Telephone Number
Enclos	ed is a check for th	ne following amount:		
■ \$2:	5.00 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:

į)

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

ONECEY		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)	-
The Articles of Organization for this Limited Liability Comp	pany were filed on 3/17/2015	and assigned
Florida document numberL 15000047688		
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 "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES.	<u></u>	·
		T 2
Enter new mailing address, if applicable:		2019 SEC
Mailing address MAY BE A POST OFFICE BOX)		
		20
B. If amending the registered agent and/or registere		ter the name of the
egistered agent and/or the new registered office address	s nere:	- F
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	7in Code

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>	<u>Address</u>	Type of Action
AMBR	Connie Caulder	1300 Stonehaven Ct Wilmington, NC 28411	B Add
			□ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			Remove
	<u>. </u>		201 Pehange All Semov O
			Change
			□ Add
		☐ Remove	
			Change
			Remove
			□ Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
. Effective date, if other than the date of filing:
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
f the record 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 record is filed.
Dated
Signature of a member or authorized representative of a member
Rodney Caulder

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Typed or printed name of signee

Filing Fee: \$25.00