## 117000120850

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OCT 0 3 2003

## COVER LETTER

TO: Registration Secti Division of Corpo			
SUBJECT: ONL	Name of Limit	ited Liability Company	,LLC
The enclosed Articles of An	nendment and fee(s) are sub	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	- Ryan	Name of Person	
	One source &	Firm/Company	NC
	203 E 3rd St.	UNIT 202 Address	
	Sanford, Fl	City/State and Zip Code	<del></del>
	Salesa Mas Imail address: (i	o be used for future annual report notifi	cation)
For further information cond	cerning this matter, please ca	all:	
Py Mame of Pe	chutt	at (386) &72- Area Code Daytime	ZRIO Telephone Number
Enclosed is a check for the t	ollowing 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:		Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 00 02 2017 and assigned
Florida document number <u>L17000120850</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	203 E. 354 Street, Unit#202 Sanford, FL, 32771
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	203 F. 3 <sup>rd</sup> Street, Unit#202 Sanford, FL, 32771
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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 17 For 12-27	Type of Action
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Effective date, if other than the date of filing:  [In effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.00 Note:  [If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.  The effective date on the Department of State's records.  The effective date on the date will not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the distribution of the earlier of the earlier of the earlier of the state of the earlier of the earlier of the state of the earlier of the e			
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