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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Use Only

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COVER LETTER

| TO: Re | egistration Sec vision of Corp | ction porations | | |
|--------------|-----------------------------------|--|---|--|
| SUBJECT | ONE DROP | L.L.C. | | |
| SUBJECT | • | Name of Limi | ited Liability Company | . |
| The enclose | ed Articles of A | Amendment and fee(s) are sub- | mitted for filing. | |
| Please retur | n all correspor | ndence concerning this matter | to the following: | |
| | | Gregory E Tyler | | |
| | | | Name of Person | |
| | | ONE DROP L.L.C. | | |
| | | | Firm/Company | |
| | | PO BOX 1142 | | |
| | | | Address | |
| | | LITHIA, FL 33547 | | |
| | | Name of Person ONE DROP L.L.C. Firm/Company PO BOX 1142 Address LITHIA, FL 33547 City/State and Zip Code ONEDROP128@gmail.com E-mail address: (to be used for future annual report notification) oncerning this matter, please call: 1 | | |
| | | | | |
| | | | | ation) |
| For further | information co | oncerning this matter, please ca | ill: | |
| Gregory E | | | at () | |
| | Name of | Person | Area Code Daytime | l'elephone Number |
| Enclosed is | a check for th | e 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

| Company as it now appears on our records.) imited Liability Company) | |
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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 |
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