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COVER LETTER

TO: Registration Division of 0	i Section Corporations	*	,
DEBAR SUBJECT:	RY ONE LLC		
	Name of Liv	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sui	bmitted for filing.	
Please return all corre	spondence concerning this matter	Name of Limited Liability Company It and fee(s) are submitted for filing. cerning this matter to the following: J. Buitrago Name of Person De Law Firm Firm/Company University Dr., Ste 3030 Address prings, FL. 33071 City/State and Zip Code (@buitragolawfirm.com E-mail address: (to be used for future annual report notification) nis matter, please call: 1954 1954 1952-0990 Area Code Daytime Telephone Number amount: D Filing Fee & \$60.00 Filing Fee,	
	Ernesto J. Buitrago		
		Name of Person	
	Buitrago Law Firm		
		Firm/Company	
	210 N. University Dr., Ste	: 3030	
		Address	
	Coral Springs, FL. 33071		
Firm/Company 210 N. University Dr., Ste 3030 Address Coral Springs, FL. 33071 City/State and Zip Code ebuitrago@buitragolawfirm.com E-mail address: (to be used for future annual report notification)			
	For further information	DEBARRY ONE LLC Name of Limited Liability Company Inclosed Articles of Amendment and fee(s) are submitted for filing. Inclosed Articles of Amendment and fee(s) are submitted for filing. Inclosed Articles of Amendment and fee(s) are submitted for filing. Emesto J. Buitrago Name of Person Buitrago Law Firm Firm/Company 210 N. University Dr., Ste 3030 Address Coral Springs, FL. 33071 City/State and Zip Code ebuitrago@buitragolawfirm.com E-mail address: (to be used for future annual report notification) Their information concerning this matter, please call: to Buitrago Name of Person Name of Person Name of Person Name of Person P54 S32-0990 Area Code Daytime Telephone Number ed is a check for the following amount: 5.00 Filling Fee \$60.00 Filling Fee,	
	n concerning this matter, please c	call:	
Emesto Buitrago			
Nam	e of Person		: Telephone Number
Enclosed is a check for	r the following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
<u>Mailing Addı</u> Registration Division of		<u>Street Address:</u> Registration Sec Division of Corp	

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DEBARRY ONE LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as It now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 04/16/2018	and assigned
Florida document numberL18000094862		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abi	breviation "L.L.C."
Enter new principal offices address, if applicable:		20
(Principal office address MUST BE A STREET ADDRESS)		0 SE 1
	• .	- P
	ایز در	- F
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		8
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our reco rd s, <u>enter the name</u>	of the new register
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 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>	Name	Address	Type of Action
MGR	Alexander R. Mendez	85 DeBarry Avenue, Unit #2022	
		Orange Park, FL. 32073	Remove
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Effective date, if other than the If an effective date is listed, the date mu Note: If the date inserted in this bedocument's effective date on the I	ust be specific and cannot be prior to date	of films on more than 00 de . A	t ional) er filing.) Pursuant to 60: uis date will not be list	5.0207 (; ed as th
	ve date, but not an effective time as	12:01 a.m. on the earlier of: (b) The 90th day afte	r the
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