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TILED 2020 MAY 28 PH 5: 58



COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
SUBJECT: M	4JAM USA, LI	LC.	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	J	ASON GRAAFF	
		Name of Person	
		Firm/Company	
	5282 BOCA	MARINA CIRCLE S, BO	CA RATON, FL, 33487
	BOCF	RATON, FL, 334.	<u>87</u>
	JASONGRA: E-mail address: (AFF55 @ GMAIL . CC)M ication)
For further information of	concerning this matter, please ca	all:	
JASON G		at (561) 961 Area Code Daytime	9619 Telephone Number
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addres</u> Registration		Street Address: Registration Sec	tion
Division of C	Corporations	Division of Corp	porations
Registration	Section Corporations	Registration Sec	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

MILTAM U	SA II	•	2020 MAY 28 P.	f 5: 58
MLJAM U (Name of the Limited)	Liability Compa Florida Limited I	ny as it now appears o liability Company)	n our records.); Y ()? TALLAHASSEE.	FLoria
The Articles of Organization for this Limited Liab Florida document number <u>L180001882</u>		were filed on AU	IG 06, 2018	and assigned
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of th	e limited liab	lity company here	:	
ONECOMM HOLDINGS LLC	_			
The new name must be distinguishable and contain the word	ls "Limited Liabil	ity Company," the desig	gnation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicab	le:	5282 BOCA	MARINA CIR	CLE S
(Principal office address MUST BE A STREET A	ADDRESS)	BOCH RAT	7 7	
Enter new mailing address, if applicable:		AS ABOVE		
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>			
B. If amending the registered agent and/or regi agent and/or the new registered office address b		oddress on our reco	ords, <u>enter the nan</u>	e of the new registered
Name of New Registered Agent:				
New Registered Office Address:	5282 E	BOCA MARIN Enter Florida	Sireet address	<u>S</u>
	BOCA RI	ATON City	Florida	33 42 7 Zip Code
New Registered Agent's Signature, if changing Reg	istered 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 amendin	g Authorized Person(s) authorized to m from our records:	anage, enter the title, name, and addr	ess of each person being adde
MGR = N			
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
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			🗀 Remove
1			□Change

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an effecti Note: If	date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 0th day after the record is filed.
Pated	MAY 21 ST 2020
	Signature of a member or authorized/representative of a member
	Total
	JASON GRAAFF

Page 3 of 3

Filing Fee: \$25.00