L19000018403

(R	equestor's Name)	
(A	ddress)	
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(C	City/State/Zip/Phone #)	
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COVER LETTER

	Registration Sec Division of Corp			
emptec	Page One E	nterprises, LLC		
SUBJEC	T:	Name of Limi	ted Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are subr	mitted for filing.	
Please ret	ium all correspo	ndence concerning this matter	to the following:	
		Diamond Phillips		
			Name of Person	
			Firm/Company	
		5971 Dalkeith Road		
			Address	
		Wewahitchka, FL 32465		
			City/State and Zip Code	
		diamondp2695@live.com		
		E-mail address: (to be used for future annual report no	otification)
For furth	er information c	oncerning this matter, please ca	all:	
Diamono	d Phillips		239 222-0913 at ()	
	Name o	f Person	Area Code Dayt	ime Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	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

Page One Enterprises, LLC			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our recordiability Company)	<u>ds.</u>)	
The Articles of Organization for this Limited Liability Company	were filed on 1/16/19	and assigned	
Florida document number L19000018403			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLA	C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	5971 Delkeith Road	<u></u>	
(Principal office address MUST BE A STREET ADDRESS)	Wewahitchka, FL 32465	-	
Enter new mailing address, if applicable:	5971 Delkeith Road	FILE W-6	
Mailing address MAY BE A POST OFFICE BOX)	Wewahitchka, FL 32465	<u> </u>	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		Is, enter the name of the	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street addre	258	
	. 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 Type of Action **Address** <u>Title</u> <u>Name</u> □ Add ☐ Remove ☐ Change □ Add ☐ Remove ____ □ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove _□ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change

Frective date, if other than the date of filing:						
an 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 605,020. ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as occument's effective date on the Department of State's records. e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed. May 1 2019 Signature of a member or authorized representative of a member					<u>. </u>	
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Filing Fee: \$25.00