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APPROVED AND FILED 2019 FEB 28 PM 3: 02 SECRETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: One Oak Management LUC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Christina Pawlak
Name of Person PX Licensing + Accred Finiscompany PARENTER PROPRENTER PRO
10294-Wellington Parc Dr. 321/19
Christing Code Christing Complete Industry Com E-mail address: (to blused for future annual report notification)
For further information concerning this matter, please call:
Christing Hawlak at Sol 7-19 5067 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe

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

One Oak Management LLC
(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 2/10/2019 and assigned Florida document number 4/9/2004
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Tamarac FL 33319
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Tamarac FL 3337778
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent: New Registered Office Address: New Registered Office Address:
Tayrarac Florida 33319 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	John Spellman	4810 NWS6+nC+	
U		4810 NWS6+nCt Tamarac FL 33319	Remove
			Change
1gr	Nicholas Alberino J	K7041 Commercial Blue #6A Tamarac FL 33319	Add
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	cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlie 90th day after the record is filed.	r of:
Dated	Fed 24 . 2019.	
	Signature of a member or authorized representative of a member	
	Nicholas Alberino Jr	

Page 3 of 3

Filing Fee: \$25.00