L19000242098

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COVER LETTER

TO:

Registration Section
Division of Corporations

OT DIDOT	NE USA LLC	·		
	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	RAFAEL CANELON			
	 	Name of Person		
	ALL IN ONE USA LLC			
		Firm Company		
	7612 BILLINGHAM ST			
		Address		
	WINDERMERE, FL 3478	36		
		City/State and Zip Code		
	E-mail address: (to be used for future annual report not	(fication)	
For further information c	oncerning this matter, please c	all:	C)	
RAFAEL CANELON		786 4617112		(')
Name o	t Person	at () Area Code Daytin	ne Telephone Number	
			- ,	
Enclosed is a check for th	he following amount:		. ·	
☐ S25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status of Certified Copy (additional copy is enclose	
Mailing Addres Registration 5		<u>Street Address:</u> Registration Se	ction	
Division of C	Corporations	Division of Cor	porations	
P.O. Box 632 Tallahassee, I		The Centre of T	Fallahassee e Street Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALL IN ONE USA LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records d Liability Company)	5.)
The Articles of Organization for this Limited Liability Compartionida document number <u>L19000242098</u>	y were filed on SEPTEMBER 25.	2019 and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liz	bility company here:	
he new name must be distinguishable and contain the words "Limited Lia	bility Company." the designation "LLC"	or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		· · · · · · · · · · · · · · · · · · ·
i. If amending the registered agent and/or registered office gent and/or the new registered office address here:	e address on our records, <u>enter t</u>	the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
		() () Orida
	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>	<u>Name</u>	Address	Type of Action
MGR	RICARDO A ANGULO GOMEZ	12218 LANGSTAFF DR	□Add
		WINDERMERE, FL 34786	≣Remove
MGR JENNIFER GUEVARA PENA	JENNIFER GUEVARA PENA	7612 BILLINGHAM ST	■Add
		WINDERMERE, FL. 34786	□Remove
			□ Change
			□Add
			□Remove
			Change
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fective date, if other than the da	08/06/2021 ate of filing:	(optional) =	
an effective date is listed, the date must b	e specific and cannot be prior to date of t	filing or more than 90 days after filing.) Pur	suant to 605.020
ote: If the date inserted in this block becament's effective date on the Department.		ttory filing requirements, this date will	not be listed as
rediffers 8 effective date on the Dep	itment of State's records.		
ecord specifies a delayed effective of is filed.	ate, but not an effective time, at 12:	:01 a.m. on the earlier of: (b) The 90	th day after the
is filed.			
	2021		
AUGUST 06			
AUGUST 06			
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	gnature of a member or authorized repro		