

L19000292001

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

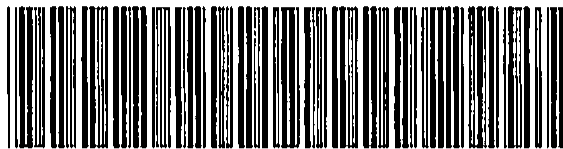
(Business Entity Name)

(Document Number)

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05/20/20--01014--015 \*\*60.00

FILED  
2020 MAY-20 AM 10:41  
SECRETARY OF  
TALLAHASSEE, FL

Am  
6/10/20

COVER LETTER

Registration Section  
Division of Corporations

EXPERIENCE THE ONE, LLC

CT: \_\_\_\_\_  
Name of Limited Liability Company

losed Articles of Amendment and fee(s) are submitted for filing.

eturn all correspondence concerning this matter to the following:

DONNELL JOHNSTON

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

15724 SPICE KEY STREET

\_\_\_\_\_  
Address

SUN CITY CENTER, FL 33573

\_\_\_\_\_  
City/State and Zip Code

kieynjohnston1@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

her information concerning this matter, please call:

A SERRANNEAU 813 8330492  
\_\_\_\_\_  
Name of Person at ( )  
Area Code Daytime Telephone Number

d is a check for the following amount:

☐ \$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 Address:  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

EXPERIENCE THE ONE, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

2020 MAY 20 AM 10:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Articles of Organization for this Limited Liability Company were filed on 11/26/2019 and assigned  
a document number 119000292001

Amendment is submitted to amend the following:

Amending name, enter the new name of the limited liability company here:

new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

new principal offices address, if applicable: 2525 E HILLSBOROUGH AVE, STE 137  
principal office address MUST BE A STREET ADDRESS TAMPA, FL 33610

new mailing address, if applicable: 2525 E HILLSBOROUGH AVE, STE 137  
mailing address MAY BE A POST OFFICE BOX TAMPA, FL 33610

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:

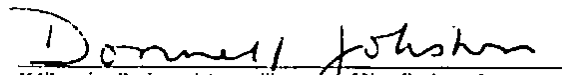
Name of New Registered Agent: DONNELL JOHNSTON

New Registered Office Address: 15724 SPICE KEY STREET  
*Enter Florida street address*

SUN CITY CENTER, Florida 33573  
*City Zip Code*

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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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

Being Authorized Person(s) authorized to manage, enter the date, name, and address of each person being added  
oved from our records:

= Manager  
= Authorized Member

<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	10519 SAN TRAVASO DRIVE	<input checked="" type="checkbox"/> Add
_____	TAMPA, FL 33647	<input type="checkbox"/> Remove
_____	_____	<input type="checkbox"/> Change
_____	_____	<input type="checkbox"/> Add
_____	_____	<input type="checkbox"/> Remove
_____	_____	<input type="checkbox"/> Change
_____	_____	<input type="checkbox"/> Add
_____	_____	<input type="checkbox"/> Remove
_____	_____	<input type="checkbox"/> Change
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_____	_____	<input type="checkbox"/> Add
_____	_____	<input type="checkbox"/> Remove
_____	_____	<input type="checkbox"/> Change

amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

- BUSINESS IS TO BE CHANGED TO A PARTNERSHIP

DONNELL JOHNSON 30% DONNA SERRANNEAU 70%


Effective date, if other than the date of filing: 05/19/2020 (optional)

If the 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 0207 (3)(b)

g: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the document is filed.

Effective date: MAY 9TH 2020



Signature of a member or authorized representative of a member

DONNELL JOHNSON

Typed or printed name of signer

Filing Fee: \$25.00