L19000292001

(Requestor's Name)	_
(Address)	—
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	—
Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	ı
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Office Use Only



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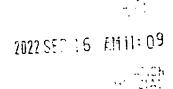
COVER LETTER

TD: Registration S Division of Co			
	NCE THE ONE LLC		
SUBJECT:	Name of Lim	ted Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	SERRANNEAU, DONNA		
		Name of Person	
	EXPERIENCE THE ONE	LLC	
		Firm/Company	
	2525 E Hillsborough Ave S	Ste 137	
		Address	· · · · · · · · · · · · · · · · · · ·
	TAMPA, FL 33610		
		City/State and Zip Code	
	E-mail address: (to be used for future annual repor	t notification)
For further information	concerning this matter, please ca	all:	
Donna Serranneau		813 833049	2
Name	of Person	at () Area Code Di	aytime Telephone Number
Enclosed is a check for	the 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)
Mailing Addre		Street Addres	
Registration		Registration	Section Corporations
P.O. Box 63	Corporations 27		of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



September 2, 2022

DONNA SERRANNEUA 2525 E HILLSBOROUGH AVE STE 137 TAMPA, FL 33610

SUBJECT: EXPERIENCE THE ONE LLC

Ref. Number: L19000292001

We have received your document for EXPERIENCE THE ONE LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Also note I sending a New Amendment Form. The top of the Form was cut off that state "Articles of Amendment"

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist III

Letter Number: 222A00019715

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

F(LED) 2022 SEP 16 AM 10: 44

SALTAHASSÉÉ, FÉ

EXPERIENCE THE ONE LLC

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

,	A I lottou Ellinica	claiming company)			
The Articles of Organization for this Limited Lia Florida document number L19000292001		were filed on 11/26/	2019 and assigned		
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liab	oility company here:			
The new name must be distinguishable and contain the wo	ords "Limited Liabi	lity Company," the desig	nation "LLC" or the abbreviation "L.L.C."		
•••	ible:	2525 E. Hillsboroug	gh Ave. Ste 137		
(Principal office address MUST BE A STREE)	TADDRESS)	S) Tampa, Fl. 33610			
Enter new mailing address, if applicable:		2525 E. Hillsboroug	gh Ave. Ste 137		
(Mailing address MAY BE A POST OFFICE BOX)		Tampa, Fl. 33610			
B. If amending the registered agent and/or re agent and/or the new registered office address Name of New Registered Agent:		au .	rds, enter the name of the new registered		
New Registered Office Address:		Enter Florida .	street address		
	Apollo Beach		, Florida <u>33572</u>		
	-	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	Donna Serraneau	5607 Silver Sun Dr. Apollo Beach Fl. 33572	
			□Remove
			□Change
AMBR	Donnell Johnston	5607 Silver Sun Dr. Apollo Beach Fl. 33572	□Add
			□Remove
			■ Change
			□Add
			□Remove
		,————	Change
			□Add
			Remove
			□Change
			□Add
			□Remove
		<u> </u>	□Change
			🗆 Add
			□Remove

•	Business changed to sole owne	- SERRANN	EAU, DONNA	A 100% ownersh	ip			
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Effec	tive date, if other than the da	te of filing:			(opt	ional)		
Note:	ffective date is listed, the date must be If the date inserted in this block	does not mee	t the applicabl	sate of filing or mo e statutory filing	re than 90 days after requirements, the	r filing.) Pur is date will	suant to 60 not be lis	05.0207 sted as
docun	ment's effective date on the Department's	rtment of State	e's records.					
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rd is f	rd specifies a delayed effective d îled.	ite, but not an	effective time	, at 12:01 a.m. o	n the earlier of: (b) The 90	th day aft	ter the
			a 41:					
Dated	June 6		2026 95					
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	Dru	mature of a men	pher or authorize	ed representative of	of a member			
	5.,							