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(Re	equestor's Name	)
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## **COVER LETTER**

IV: Registration Se Division of Cor		:		
SUBJECT: WE	are one (	Devvices and Limbility Company	LLC	<del></del>
The enclosed Articles of	Amendment and fee(s) are subs	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Kathu	Name of Passon		<del>_</del>
	Weare	One Servi	ies L	LC_
	60350	hio Ave Address		<del></del>
	<u>Orlando</u>	£ 1 3280 City/State and Zip Code	500	
	Weare one so	to be used for finance aurous in	por notification)	COM
For further information c	oncerning this matter, please ca	all:		
1/10 the Name of	Harp	at (401) Area Code	H70-C	385 me Number
Enclosed is a check for th	e following amount:			
□ \$25.00 Filing Fee	(17 \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Cupy (additional copy is each		\$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

The Articles of Organization for this Limited Liability Company were filed on \_\_\_ and assigned Florida document number 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 Lizbility Company," the designation "LLC" or the abbreviation "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 802 governors Ave Enter Florida street address Orlando Florida F1 32808 Zio Codu New Registered Office Address:

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 simending 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 = Anthorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Kathy Harp	802 Governors Ave Orlando F1 32808	CRemove
			Change
			□ Remove
			□Add
			Change
			□Add
			_ Change
			Remove

. II <u>Substati</u>	ng any other i	information, e	nter change(s	i) here: (Attac	h additio <del>n</del> al st	eets, if necess	wy.)	
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ion effective d Note: If the	late is listed, the di date inserted in	un the date of f are must be specific this block does n the Department	ic and cannot be p		ng or more than 9 ly filing requires	(optional) days after filing nents, this date	) Pursuant to 6 will not be li	05.0207 Sted as
record speci d is filed.	fics a delayed e	ffective date, but	t not an effectiv	e time, at 12:01	a.m. on the ear	ticrof:(b) Th	e 90th day ad	ter the
ated	10/1:	5	_, <u>20</u>	<u> 30</u> .				
		Signature o	of a supember or a	othorized represen	native of a memb	<b>a</b>		

Filing Fee: \$25.00