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| Special Instructions to I | Filing Officer: | |
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Office Use Only

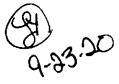


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TALLAHASSEE ET

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COVER LETTER

Registration Section Division of Corporations

TO:

| One DuTy SUBJECT: | LLC - add manager a | il Hung Rejistere | i Agent | | |
|--|--|---|--|----------------------------------|-------------------------------------|
| | Name of Lin | nited Liability Company | () | | |
| | | | | | |
| The enclosed Articles of | Amendment and fee(s) are sul | omitted for filing. | | | |
| Please return all correspondent | ondence concerning this matter | to the following: | | | |
| | | | | | |
| | Dureya Hill | | | _ | |
| | | Name of Person | | 207 S1 | |
| | One DuTy LLC | | | 2020 AUG - SECRETAN | -17 |
| | | Firm/Company | | | حالمونده جالموموري جاموموموري |
| | 6716 Tottenham CT | | | 25. S | ुल्सू-स्य इ.स.स्य |
| | | Address | | | |
| | Orlando, FL 32818 | | | AM 9: 11 OF STATE SSEE, FL | |
| | <u> </u> | City/State and Zip Code | | = | |
| | onedutylle@gmail.com | • | | | |
| | E-mail address: | to be used for future annual report notif | ication) | | |
| For further information of | concerning this matter, please c | all: | | | |
| Tylana Hill | | 407 694-2398 | | | |
| Name o | of Person | at () Area Code Daytime | Telephone Number | | |
| | | | | | |
| Enclosed is a check for the | he following amount: | | | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified | te of Status & | |
| Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I | Section Corporations 27 | Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL | oorations allahassee Street, Suite 8 | 10 | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| One DuTy LLC | | | |
|---|--|--|--|
| (Name of the Lim | ited Liability Company as it r (A Florida Limited Liability C | now appears on our records.) Company) | <u>. </u> |
| The Articles of Organization for this Limited I | Liability Company were fi | led on 5/18/2020 | and assigned |
| Florida document number L20000133918 | | | |
| This amendment is submitted to amend the fol | lowing: | | |
| A. If amending name, enter the new name | of the limited liability cor | npany here: | |
| - | | | |
| he new name must be distinguishable and contain the | words "Limited Liability Comp | any," the designation "LLC" or | the abbreviation "L.L.C." |
| Enter new principal offices address, if appli | cable: | | |
| Principal office address MUST BE A STRE | ET ADDRESS) | | TEC 22 |
| | | | A A |
| | | | AR 5 |
| inter new mailing address, if applicable: | | · · · · · · · · · · · · · · · · · · · | SSO E |
| Mailing address MAY BE A POST OFFICE | <u>BOX)</u> | | ino ro |
| | | | |
| | | | • • |
| . If amending the registered agent and/or gent and/or the new registered office addre | registered office address | on our records, <u>enter the</u> | name of the new regist |
| gent and/or the new registered office addre | ss nere: | | |
| Name of New Registered Agent: | Tylana Hill | | |
| New Registered Office Address: | 6716 Tottenham Ct | | |
| · · · · · · · · · · · · · · · · · · · | | Enter Florida street address | |
| | Orlando | Florid | la 32818 |
| | 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 | Tylana Hill | 6716 Tottenham Ct, Orlando. FL 32818 | ■ Add |
| | | | 🗆 Remove |
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| ffective date, if other than the date of filing: an 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 605.0 ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed occument's effective date on the Department of State's records. The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after its filed. | | | | 25 | T grant |
| ffective date, if other than the date of filing: | | | | | <u>പു</u> വ (|
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