L20000141300

(Requestor's Name)
(Address)
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(Business Entity Name)
(Document Number)
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COVER LETTER

TO:

Registration Section Division of Corporations

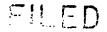
Tallahassee, FL 32314

ONE XXX.	LLC		,	
SUBJECT:		ited Liability Company		
	Name of Ism.	neu thanniy company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Kinshasha Williams			
		Name of Person		
	Manage My Task, LLC			
		Firm/Company		
	2121 S. Hiawassee Rd. Apr	. 4563		
		Address		
	Orlando, FL. 32835			
	hello@managemytask.com	City/State and Zip Code		
		to be used for future annual report noti	firstiont	
			neadony	
	oncerning this matter, please ca			
Sasha Williams		407 427-0368		
Name of Person		at ()		
Enclosed is a check for th	ne 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 Addres		Street Address:		
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 632	•	The Centre of T	•	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



One XXX, LLC

2023 KAR 10 PM 1: 39

(Name of the Limited Liability Company as it now appears on our records) REJARY OF STATE TALLAHASSEE, FLORGE _____ and assigned Florida document number L20000141300 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: One Tenth of Excellence, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LL.C." 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: New Registered Office Address: Enter Florida street address City

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
			□Add
			□Remove
			□Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
			□Add
			□Remove
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ective date, if other than the effective date is listed, the date materials if the date inserted in this beaument's effective date on the I	ust be specific and cannot be p block does not meet the app	rlor to daté of filing or n blicable statutory filin	iore than 90 days after fili	ng.) Pursuant to 605.020
cord specifies a delayed effecti s filed.	ve date, but not an effectiv	e time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
March 6th	2023	·		
	` <u> </u>			
	Signature of a member or a	uthorized representative	of a member	