LZ0000181613

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12/13/20

ONE SHO	r solutions LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	LABIDOU, JOSEPH F, JR	:			
		Name of Person	***************************************		
		Firm/Company			
	3033 S HORIZON PL	***			
	OVIEDO. FL 32765	Address			
		City/State and Zip Code			
	oneshotsolutionsllc@gmail. E-mail address: (com to be used for future annual report noti	fication)		
For further information of	concerning this matter, please c	all:			
LABIDOU, JOSEPH F. JR		954 7015714 at (
Name c	of Person	Area Code Daytim	e Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	S30.00 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		Street Address: Registration Section Division of Corporations The Centre of Tallahassee			
Tallahassee,	rl 32314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Registration Section Division of Corporations

TO:

TO ARTICLES OF ORGANIZATION OF

ONE SHOT SOLUTIONS LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 06/29/2020 and assigne Florida document number L20000181613 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 Liability Company," the designation "LLC" or the abbreviation "L.L.C." 3033 S HORIZON PL OVIEDO, FL 32765 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 3033 S HORIZON PL OVIEDO, FL 3276 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 res agent and/or the new registered office address here: Name of New Registered Agent: 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 we provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Act
AMBR	LABIDOU, JOSEPH F. JR	3033 S HORIZON PL OVIEDO, FL 32765	□ Add
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Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the D	st be specific a ock does not	nd cannot be pr meet the app	licable statute	ing or more than ory filing requir	(optiona 90 days after filir ements, this da	g.) Pursuant to 605.
e record specifies a delayed effection of the filed.	e date, but n	ot an effective	e time, at 12:0	l a.m. on the e	arlier of: (b)	The 90th day after
Dated		2020				
	Signature of	a member or au	thorized repres	entative of a me	mber	
	-					
LABIDOU, JOSEPH F	1D					

Filing Fee: \$25.00