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COVER LETTER

Tallahassee, FL 32314

TO:	Registration Se Division of Cor).
SUBJE	cr One	4all LLC		
мован	.c.r. <u> </u>	Name of Lim	ited Liability Company	
The enc	dosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	return all correspo	ndence concerning this matter	to the following:	
		Justin Walker	Name of Person	
		One 4411 LL	_	
		6501 Arlingto	on Expressivay	
		Jacksonville, F	City/State and Zip Code	
		E-mail address:	mail-com to be used for future annual report note	fication)
For furt	her information c	oncerning this matter, please ca		
Ju	Stin Walk	er	at (850) 644 - 30 Area Code Daytim	002
	Name of	Person	Area Code Daytim	e Telephone Number
Enclose	d is a check for th	ne following amount:		
□ \$ 25	.00 Filing Fee	Vi \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Sec Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ONCHAIL LLC (Name of the Limited Liability Comp (A Florida Limited	any as it now appear: Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Compan Florida document number <u>L 2000(1856a7</u> .		
This amendment is submitted to amend the following:		
1. If amending name, <u>enter the new name of the limited lia</u>	bility company her	<u>·e</u> :
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the de	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		·
(Principal office address MUST BE A STREET ADDRESS)		2023 ALL
		AFF LE T
		SSE G
Enter new mailing address, if applicable:		[m] C
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our re	cords, enter the name of the new register
New Registered Office Address.	Enter Flori	da street address
		Florida
·	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	
hereby accept the appointment as registered agent and agorovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of r provided for in C	my duties, and I am familiar with and hapter 605, F.S. Or, if this document is
If Cha	inging Registered Age	nt, 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 = M $AMBR = M$	lanager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
MCIA	Ida Walker	6501 Arlington Expressuay	\\ Z\Add
		Jucksonville, FL 32211	□Remove
			□Change
MIR	Johnny Walker	6501 Arlington Express way	V Add
		6501 Arlington Express way Jacksonville, FL 32211	□Remove
			□Change
			□Add
			□Remove
			□Change
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			□Remove
			DChange
			□Add
			Remove

_____ □ Change

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<u>Sector</u>						
						
effective date is I <u>er</u> If the date ii	other than the dat isted, the date must be a serted in this block over date on the Depar	specific and cannot b does not meet the :	è prior to date of fili applicable statuto	ng or more than 90 da		
ord specifies a filed.	delayed effective dat	e, but not an effec	tive time, at 12:0	I a.m. on the earlie	r of: (b) The 90th	day after tl
a_06/1	3/2023 Just	·	·			
	huse	In Way	Len			

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Filing Fee: \$25.00