LZO 000266220

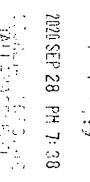
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COVER LETTER

TO: Registration So Division of Con					
SUBJECT:	ONS 1 LLC				
30031.01.	Name of Lin	ited Liability Company			
	Amendment and fee(s) are sub-	_			
Please return all correspo	ondence concerning this matter	to the following:			
	Christopher Smith				
		Name of Person			
	SmithLaw				
		Firm/Company			
	5391 Lakewood Ranch Bl	vd N 203			
		Address			
	Sarasota, FL 34240				
	smith@chrissmith.com	City/State and Zip Code			
	E-mail address: (to be used for future annual report no	otification)		
For further information of	concerning this matter, please c	all:		7020 TX	
Chris Smith		941 202-2222 at ()		SEP	
Name o	of Person	Area Code Dayti	me Telephone Number	28 PH	TEASON
Enclosed is a check for t	he following amount:			<u>.</u>	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	

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

SUSIMMONS FILLC						
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)					
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000266220</u>	were filed on <u>08/26/2020</u>	and assigned				
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab	ility company here:					
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."				
Enter new principal offices address, if applicable:	8350 Bee Ridge Rd #106					
(Principal office address MUST BE A STREET ADDRESS) Sarasota, FL 34241						
Enter new mailing address, if applicable:	8350 Bee Ridge Rd #106					
(Mailing address MAY BE A POST OFFICE BOX)	Sarasota, FL 34241					
B. 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:	Enter Florida street address City	The of the new registered 7020 SEP 28 PM Zip Code:				
	•	Tip Code;				
New Registered Agent's Signature, if changing Registered Agent:		ဲ ကျဲ လာ				

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 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
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			□Remove
			□Change
			□Remove
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effective date is listed, the date must be see. If the date inserted in this block cument's effective date on the Depart	pecific and cannot be pric loes not meet the appl ment of State's record	or to date of filing of icable statutory fi s.	r more than 90 days at ling requirements, t	er filing.) his date v	Pursught will not b	to 605.03 se listed
ord specifies a delayed effective dat filed.	e, but not an effective	time, at 12:01 a.r	n. on the earlier of:	(b) The	90th da	y after tl
September 24	. 2020					
			un/			
	(horized representat	<u>~~~</u>			_

Filing Fee: \$25.00