

120000318525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

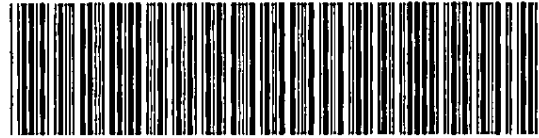
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2022 JUN -7 AM 11:02  
SECRETARY OF STATE  
FALL AHSSECT. FILED

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: One Integral Solutions LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nishan banojakedjian

Name of Person

Visatel Group Inc.

Firm/Company

9969 NW 32th St

Address

DORAL, FL 33172

City/State and Zip Code

MBANOJIAN@VISATELGROUP.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NISHAN BANOJAKEDJIAN

305 490-5599  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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**

**FILED**

2022 JUN -7 AM 11:02

ONE INTEGRAL SOLUTION LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on OCTOBER 8, 2020 and assigned  
Florida document number L20000318525.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

11219 NW 6TH ST. MIAMI, FL 33172

**(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: ALBERTO MARTINEZ

New Registered Office Address: 11219 NW 6TH ST

*Enter Florida street address*

MIAMI

Florida 33172

*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.*

Alberto Martinez  
**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>              | <u>Address</u>                   | <u>Type of Action</u>                      |
|--------------|--------------------------|----------------------------------|--|
| MGR          | NISHAN BANOJAKEDJIAN     | 9969 NW 32TH ST DORAL, FL 33172  | <input type="checkbox"/> Add               |
|              |                          |                                  | <input checked="" type="checkbox"/> Remove |
|              |                          |                                  | <input type="checkbox"/> Change            |
| MGR          | VISATEL GROUP INC        | 9969 NW 32TH ST. DORAL, FL 33172 | <input checked="" type="checkbox"/> Add    |
|              |                          |                                  | <input type="checkbox"/> Remove            |
|              |                          |                                  | <input type="checkbox"/> Change            |
| MGR          | ALL IMPACT SOLUTIONS LLC | 11219 NW 6TH ST MIAMI, FL 33172  | <input checked="" type="checkbox"/> Add    |
|              |                          |                                  | <input type="checkbox"/> Remove            |
|              |                          |                                  | <input type="checkbox"/> Change            |
|              |                          |                                  | <input type="checkbox"/> Add               |
|              |                          |                                  | <input type="checkbox"/> Remove            |
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|              |                          |                                  | <input type="checkbox"/> Add               |
|              |                          |                                  | <input type="checkbox"/> Remove            |
|              |                          |                                  | <input type="checkbox"/> Change            |

[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated SEPTEMBER 6 2022

Albert H. Adams

ALBERTO MARTINEZ

Typed or printed name of signee