

L21 000023997

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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FOR FILING

D. BRUCE
JUL 12 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ONE FORCE TECHNOLOGY, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following

KENNY CORMIER ALEXIS

Name of Person

ONE FORCE TECHNOLOGY LLC

Firm Company

620 DEL PILAR DR

Address

GROVELAND, FL 34736

City, State and Zip Code

rebecacormier@gmail.com

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

For further information concerning this matter, please call:

ANGEL LUIS PEREZ VALLE

307 444-1233

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 Fees
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

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TALLAHASSEE

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ONE FORCE TECHNOLOGY 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 01-11-2021 and assigned Florida document number L21000023997.

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."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

620 DEL PILAR DR

GROVELAND FL 34736

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

620 DEL PILAR DR

GROVELAND FL 34736

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

Florida

City

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TALLAHASSEE
FLA
FALL 2021

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	KENNY CORMIER ALEXIS	620 DEL PILAR DR	☒ Add
		GROVELAND FL 34736	☐ Remove
			☐ Change
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TALLAHASSEE FL

END

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SEATTLE
TALLAHASSEE, FL

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SALAH
WALLAHAS
C.M.

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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 JUNE 1ST, 2021



Signature of a member or authorized representative of a member

ANGEL L. PEREZ VALLE
ed or printed name of signee

Filing Fee: \$25.00