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04/02/24--01026--019 **60,00



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Winston Staffing UC Name of Emitted Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Maritza Jean-Baptiste Name of Person	
Firm/Company	
4361 SW 10th Place Appt 204	
Deerfield Beach F1 33442 City/State and Zip Code	
Maritzabastiste @ Vahoo. Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Maritza Jean-Baptiste at (561) 305 5897 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

	U	r	F1.
(Name of the Limited	Liability Compa Florida Limited I	inv s if now appears of	2024 APR -Z PH 4: 16
The Articles of Organization for this Limited Liab	ility Company	were filed on	2 17 202 10 and assigned
Florida document number <u>LZ10008</u>			
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the One 75, LLC. The new name must be distinguishable and contain the word			
Enter new principal offices address, if applicab	le:	NA	
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>	NA	
B. If amending the registered agent and/or regi agent and/or the new registered office address b	stered office a	address on our reco	ords, enter the name of the new registered
Name of New Registered Agent:	44		
New Registered Office Address:			
		Enter Florida	street address
			. Florida
•		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.

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

Title .	Name	Address	Type of Action
ACA			□Add
		·	□Remove
			□Change
NA			
			□Remove
NA			□Add
			□Remove
			□Change
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record spec is filed.	fics a delayed effec	tive date, but not	an effective tin	ne, at 12:01 a.m.	on the earlier of:	(b) The 90th day	after the
ated	1			 _			
_	1	Signature of a	nember or author	ized representativ	e of a member		_
		b	_ _	11			
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