

h21 000098756

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

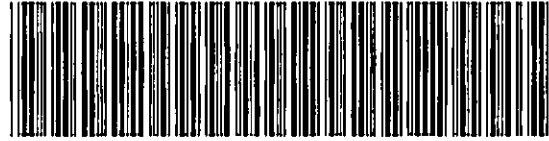
(Document Number)

Certified Copies _____ Certificates of Status _____

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05/27/22--01030--026 **43.75

DEPT. OF STATE
TALLAHASSEE, FLORIDA

2022 SEP -6 PM 2:17

FILED

SEP 28 2022
S. PRATHER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 2, 2022

ALL ONE DELIVERY LLC
6501 ARLINGTON EXPRESSWAY
SUITE B105, #2170
JACKSONVILLE, FL 32211

SUBJECT: ALL ONE DELIVERY LLC
Ref. Number: L21000098756

We have received your document for ALL ONE DELIVERY LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Stacy Prather
Regulatory Specialist III

Letter Number: 122A00017289

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: All One Delivery 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:

Sherell Edwards

Name of Person

All One Delivery LLC

Firm/Company

6501 Arlington Expressway, Suite B105-2170

Address

Jacksonville, FL 32211

City/State and Zip Code

agewholesale@gmail.com

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

For further information concerning this matter, please call:

Sherell Edwards

904

993-6101

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

APR 10 2007

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

All One Delivery LLC

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

2022 SEP -6 PM 2:17
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/01/2021 and assigned
Florida document number L21000098756

This amendment is submitted to amend the following:

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

All One Life, LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1949 W. 6th Street

Jacksonville, FL 32209

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

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

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]


E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated May 21 2022


Signature of a member or authorized representative

Sherell Edwards

Typed or printed name of signee

WILL HOSSE, Florida

2022 SEP -6 PM 2:17

2

Filing Fee: \$25.00