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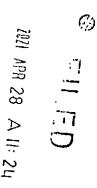
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Escape ONELLC	
	nited Liability Company
The enclosed Articles of Amendment and fee(s) are sub-	omitted for filing.
Please return all correspondence concerning this matter	to the following:
<u>Clier</u>	a Vaus Name of Person
Exc	Firm/Company
150 NE 1931d	terr- Address
Miami, FL 3	3179 City/State and Zip Code
E-mail address:	(to be used for future annual report notification)
For further information concerning this matter, please of	call:
OUICIA OUVS Name of Person	at (786) 286-689) Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  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 OF

Escape one LI	LC.
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L210001046</u> 43.	ny were filed on <u>March</u> 12, 2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	
The new name must be distinguishable and contain the words "Limited Lin	•
Enter new principal offices address, if applicable:	N/4
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N)A
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records, enter the name of the new registered
Name of New Registered Agent:	NIA
New Registered Office Address:	NA Enter Florida street address
<del></del>	City Florida NA C3
New Registered Agent's Signature, if changing Registered Age	<u>nt:</u>
provisions of all statutes relative to the proper and comple	gree to act in this capacity. I further agree to comply with the ete performance of my duties, and I am familiar with and is provided for in Chapter 605, F.S. Or, if this document is
If C	hanging 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>	Address	Type of Action
AMBR	auguste Heurimond	150 NE 193'd terr.	🗀 Add
		Miami, FL 33179	©Remove
			□Change
AMBR	alicia Cauis	1035 N.W 143 rd St	
		1035 N.W 143 rd St Miami, FL 33168	Teremove
			□Change
	<u></u> .		□Add
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co <u>Cepil 26,</u>	2021	.,		•	2021 APR 28	
	Pline	i () mis	7		28	* ***
		- June	epresentative of a mem	her	A   :	
	Signature of a	member or authorized r	epresentative or a mem	<i>(/</i> C)		- American