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COVER LETTER

TO: Registration Se Division of Cor				
CONTRACTOR CONTRACTOR	OVE MANAGEMENT, LLC.			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	ERNEST RIVERA			
		Name of Person		
	ONE INCOVE MANAGE	MENT, LLC.		
		Firm/Company		
	209 LEISURE CIR.			
		Address		
	PORT ORANGE, FL. 321	27		
		City/State and Zip Code		
	ERIVERA347@CFL.RR.C	OM to be used for future annual report noti	fication)	
For further information c	concerning this matter, please co	·	,	
Ernest Rivera		386 453-8462		
Name o	f Person		e Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres		Street Address:	ation	
Registration Section Division of Corporations		-	Registration Section Division of Corporations	
P.O. Box 6327		The Centre of T	•	

P.O. Box 6327 Tallahassee, FL 32314

TO:

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 AUG 30 PM 2: 02

ONE INCOVE MANAGEMENT, LLC.	_SECRETARY OF STAR.
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	SECRETARY OF STATE OF
The Articles of Organization for this Limited Liability Company Florida document number <u>L 2100034</u> 28:	were filed on 08/01/2021 and assigne
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liab</u>	lity company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new regi
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address

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 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 i 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Ac
AMBR (Ernest Rivera	209 Leisure Cir.	□Add
		Port Orange, FL. 32127	□Remove
			■Change
AMBR Wilfred Rodriguez	Wilfred Rodriguez	8544 Wichita Pl.	□ Add
		Orlando, Fl.: 32827	□Remove
			■Change
			□Add
			Change
			□ Add
			□ Remove
			ClChange
		<u> </u>	□Remove
			□Change
			□Add
			□Remove
			□Change

	
	
 	
<u> </u>	
Note: If the date inserte	than the date of filing:
e record specifies a delay rd is filed.	red effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated August 26	2021
Dated	
Em	est overa
	Signature of a member or authorized representative of a member
Ernest Rivers	
	Typed or printed name of signee

Filing Fee: \$25.00