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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

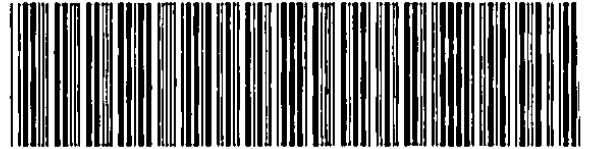
(Business Entity Name)

(Document Number)

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08/30/21--01016--011 **25

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2021 AUG 30 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FL 323

12/21/2021
HJ

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ONE INCOVE MANAGEMENT, 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:

ERNEST RIVERA

Name of Person

ONE INCOVE MANAGEMENT, LLC.

Firm/Company

209 LEISURE CIR.

Address

PORT ORANGE, FL. 32127

City/State and Zip Code

ERIVERA347@CFL.RR.COM

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

For further information concerning this matter, please call:

Ernest Rivera

386

453-8462

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

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SECRETARY OF STATE

TOEFL: 10552.11

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, changed, or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Ac</u> |
|--------------|-------------------|-----------------------|--|
| AMBR ✓ | Ernest Rivera | 209 Leisure Cir. | <input type="checkbox"/> Add |
| | | Port Orange, FL 32127 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| AMBR ✓ | Wilfred Rodriguez | 8544 Wichita Pl. | <input type="checkbox"/> Add |
| | | Orlando, FL 32827 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
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This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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 (

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.

Ernest Rivera

Ernest Rivera

Filing Fee: \$25.00