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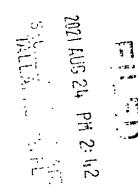
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

Registration Section Division of Corporations

TO:

ONE HEAF	RT ONE MIND	•	·	
SUBJECT:	Name of Limi	ted 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:		
	Garfield Johnson			
		Name of Person		
	One Heart One Mind LLC			
		Firm/Company		
	2014 Reston Circle			
		Address	-	
	Royal Palm Beach, Florida	33411		
		City/State and Zip Code	.	
	reg_1646@hotmail.com			
	E-mail address: (to be used for future annual report noti	itication)	_32 2
For further information c	oncerning this matter, please co	all:		ZDZI AUG Ser Talile
Garfield Johnson		561 777-6846		JG 24 2 91
Name o	d Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	he following amount:			2: 42
■ \$25,00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	ig Fee, of Status &
Mailing Addres	xx:	Street Address:		
Registration Section		Registration Se		
Division of Corporations		Division of Co		
P.O. Box 6327 Tallahassee, FL 32314		The Centre of 2415 N. Monro	Fallahassee be Street, Suite 81	()
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ONE HEART ONE MIND LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{08/04/2021}{1}$ and assigned Florida document number L21000350835 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 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

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.

Cuv

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being addedor removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Garfield Johnson	2014 Reston Circle	■Add
		Royal Palm Beach	Remove
		Florida 33411	Change
			□Remove
			Change
			□ Add 2021 AUG
			Change
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if neces,	ssary.)	
	-	
	<u>-</u>	
		2021
	<u></u>	SID.
	77	24
		PM 2:
		: 42
	<u>. </u>	
E. Effective date, if other than the date of filing:	filing.) Pursuant to 60:	5.0207 (3)(b) ted as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b record is filed.) The 90th day afte	er the
Dated Pregrost 20 2021. Tohnon		
Signature of a member or authorized representative of a member		
Garfield Johnson		

Filing Fee: \$25.00

Typed or printed name of signee